MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 46-

CERTIFICATE OF DEATH

00532

	Reg. Dist. No
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or test (If outside city or town limits, write RURAL and give nearest town)	State Maryland County Frederich
(If outside city or town limits, write RURAL and give nearest town)	(if oftside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street eddress where death occurred:	Street No.
Juneary Grey Hospital	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
James Henry ambro.	2/3-10-2081
4. Set 5. Color or race 6.(a) Single married widewed, or divorced	MEDICAL CERTIFICATION
My 2V. Widown	20. DATE OF DEATH
6.(b) Name of huspand or wise Stile	21. I CERTIFY that death occurred on the date above stated; that A attended deceased from
	June 13 1945, 10 Jon 13 1946
7. Birth date of deceased (mo., day, yr.) Oct. 4 1881	and that last saw harmalive on 19.4
8. AGE: Years Months Days If less than one day	Immediate cause of death DURATION
64 3 9hrsmin.	
8. Birthplace Treslerie & Bo 241.	Due to
1D. Usual occupation.	Due to
11. Industry or business Plant	006 (0
12. Name. 21 = James Quelose 3. Birtholace 24d	Other conditions
	(Include pregnancy within 8 months of death)
14. Maiden name. Many 3. 15. Birthplace 24d.	Major findings of operations
El 15. Birtinpiace	Date of op.
16. Informant	Autopsy results
Address Jesone, Myd.	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burlal, cramation, or removal, Watch?) (Burlal, cramation, or removal, Watch?)	Accident, suicide, or homicide
Cemetery or exemplers. Oak 1200	Where did injury occur?
Location Jegore 14d.	Injured at home, farm, Industry, public place (where?)
18. Funeral director Powell & Hartyler	Means of Injury Injured at work?
Address Woodsborn 24d.	CHY to all
15- 900 ML 8P. D. AD MILLER	23. SIGNATURE M. D. or other
(Dato rec'd by registrar)	Address I alkuouill, Md Date signed

JAN 16 1941 BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 21-2)

CERTIFICATE OF DEATH

00533

Reg. Dist. No. 131

County rederect	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
County	marilar trales	
(If ontside city or town limits, write RURAL and give nearest town)	State County County	
How long in above place of death?	(If outskie city of town limits, write NURAL and give nearest towo)	
Hospital, Institution, or street address where death occurred:	(If outside city of town limits, write NURAL and give nearest towo)	
Merilaes Hochelal	3(166) NU	
How long in hospital or institution?	(If rural, give LOCATION)	
	2.(a) If veteran, name war	***
3. (a) FULL NAME Jouise Frances	Quality Number 3. (b) Social Security Number	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	2 0
Sleeale White Married	15 116 11	10
	20. DATE OF DEATH SAUCARY 23 19 96 at 10 Z	AR
B. (b) Name of husband or wife Howard Willean Onderson	21. I CERTIFY that death occurred on the date above stated: that Valtended deceased from	_
	Julian 13 19 46 to Sal. 23, 19 4.	6
7. Birth date of	and that I last saw h A alive on San 22/1946 19	
deceased (mo., day, yr.) Queary 1910		
8. AGE: Years Months Days If less than one day	Meningitis Preumococcus 10 days	1
36 28min.		12
71 11 11 11 11 11	Luffa XII	
9. Birthpiace Marlesboron, West Virgenca	Due to.	******
(Town, county, and state)		
10. Usual occupation.	Due to	
11. Industry or business		
12 Name Chevard Cliderson	Other conditions Pregnancy 5 mon	+4 c
11 5	Other conditions	4.5.1.5
	(Include pregnancy within 3 months of death)	_
14. Maiden name Musua Cleur Jerguica		
S 15 Richardon / " // Veracco	Major fiadiugs of uperatioos	
The stringer of the stringer o	Date of op	******
18. informant Augusta August	Autopsy results.	
Address mirrogues Ans- Trederick / ld.	PHYSICIAN: Please underline the cause to which death should be charged statistically.	_
12 () 1 () 19K	22. VIOLENCE: If death was due to external causes, fill in the following;	
17	Accident, suicide, or homicide	
Eda- X/all	Where did injury occur?	
Cemetery or crematory	Where did injury occur? (City or town) (County) (State)	
Location Characteristic Use Vilgina	injured at home, farm, industry, public place (where?)	
H. Feets & Brail	Means of Injury injured at work?	
18. Funeral director		
Address Brumerica Md.	20 CIONETTE / Bernard V. Minuso In M.D.	
211 Jan William to the total	23. SIGNATURE M. D. or other	
(Date rec'd by registrar)	Address Date signed 1/23/4	6
, and a second	Muuress	

RECEIVED

JAN 25 1946

BUREAU V.A.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (107)

CERTIFICATE OF DEATH

A				,
1				1.

				Reg. Dist. Nol.		
1. PLACE OF DI		odom:	ماد	2. USUAL RESIDENCE (HOME) OF DECEASED:		
County	1 4	ederi	ck- Rural	(For newborn Infants give residence of mother)		
City or town.	and the state of the same it		TITO A Y 3	State Maryland County Frederick		
Now long in above nice	e of death?	30 ye	ars	City or the Frederick (If ontside city or town limits, write RURAL and give nearest	t town)	
Hospital, Institution, o	I PILEGI WORLCOS MILCIG	BONTH OFCHILCH	•	Street No. 508 Trail Avenue	, 40112)	
.02000000000000000000000000000000000000	Emergenc			(If rural, give LOCATION)		
How long in hospital	or institution?	two w	eeks	2.(a) If veteran, name war. None	*************	
3. (a) FULL NAM				3. (b) Social Security Nur	mber	
	JOHN	PHIL	IP ANGELBERGE	R		
4. Sex	5. Color or race	6.(a)Singti	e, married, widowed, or divorced	MEDICAL CERTIFICATION		
Male	White	W	idowed	20. DATE OF DEATH January 6th. 19 46 at	230 A	
R (h) Name of husbane	Lor wife Cl	ement	<u>ine Zimmerman</u>	21. I CERTIFY that death occurred on the date above stated: that I attended deceased	from	
Angell	perger	0.4	e) If alive, give ageyear	Jan-1 1946, to Jan. 60		
	150		Trailve, give ageyear	and that I last saw harman alive on 5 um 6 1946	19.46	
deceased (mo., day,		31-1		Immediate cause of death	DURATION,	
8. AGE: Year		Days	If tess than one day	Broncho- Juneumonia	2 weeks	
88		6	hrs,min		••••••	
9. Birthplace	Frederick	Coun	ty Md.	Due to	000000000000000000000000000000000000000	
	(Town,	county, and s	tate)			
10. Usual occupation.	Retir	ed ra	rmer	Due to		
11. Industry or busine						
目 12. Name	***********************		Angelberger	Diher conditions Arterio-sclerosis		
12. Name	Freder	ick C	o. Md.			
	Elizab	eth Wa	achter	(Include pregnancy within 3 months of death)		
14. Malden name	Freder	***************	880 00 80 000 00 000 000 00 000 000 000	Major findings of operations.	,,	
				- Date of op.	*****************	
10. unumanı				Autopsy results		
Address	Valkersvi	lle, 1	Id.	PHYSICIAN: Please underline the cause to which death should be charged state	istically.	
Buri	al	MODEL SECTION	. Jan. 8-1946	22. VIOLENCE: If death was due to external causes, fill in the following;		
(Burial, crematical	al 	pate there	of Jan. 8-1946 (month) (day) (year)			
Cemetery or -eremat	Charle	sville	e Cemetery	Where did injury occur?	tate)	
Location	Charle	sville	e, Md.	Injured at home, farm, Industry, public place (where?)	*******************	
16. Funeral director	C.E.Cl.	ine ar	nd Son	Heans of Injury Injured at work?		
	Frederi	الماء علا	ra	0 11 9/	nn	
Address	-rodet.	ON.	1 An () 1 0	23. SIGNATURE Bernaul V. Newcas &	19.1.	
19. 8 Xa	egistrar)	26	abelle J. Heck.	I referrick and	ther 7 190	
(Date rec'd by re	egistrar)		Registra	Address Date signed		

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JAN 9 1946 BURLAU V

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 9400

CERTIFICATE OF DEATH

					11.1
1	Reg.	Dist.	No.	1	44

	TE OF DEATH Reg. Dist. No. 144
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County City or town (If outside city or town limits, write RURAL and givo nearest town) Street No. (If rural, give LOCATION) 2.(a) It veteran, name war 3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Innale 21 hete. Prarried.	MEDICAL CERTIFICATION 2D. DATE DF DEATH. JAN 2 1946 at 1/55
8. (b) Name of husband or wite Salar	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19. 4. 10. 19. 4. 19
10. Usual occupation. Hambel Manuel 11. Industry or business 11. Name. Defend of the Standard of Stan	Due to
14. Maiden name Athersonal State of Sta	Major findings of operations
17. (Burlal, cremation, or removal, Which?) Cemetery or crematory. Location. Date thereof. (month) (day) (year)	101 ALLA A
18. Funeral director 22 State of State	Means of Injury Injured at work? 23. SIGNATURE M. D. or other Address Delaw will Md Date signed at 3, 1/6

H MARGIN RESERVED FOR BINDING

VS A15

RECEIVATION TO 1946
RUREAT

PLEASE WRITE PLAINLY,

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 134-00

CERTIFICATE OF DEATH

00536

log. Dist. No. 131

1. PLACE OF BEATH: Const. Co		Rog. Dist. No
Sinte Man Service of the state		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother).
The control extra cover limits, write RURAL and give necreet town) Respital, institution, or street address where death occurred: Respital in institution, or street address where death occurred: Respital in institution, or street address where death occurred: Respital in institution, or street address where death occurred: The street in institution of the street address where death occurred: The street in institution of the street address where death occurred: The street in institution of the street address where death occurred: The street in institution of the street institution of the stre	Library and Ocean and Ocean	sur ma traderick
Book log is above place of death? Repolla, Institution, or street address where death occurred: Street Ma. (If rouse, give LOCATON) 2.(a) If reteran, name war. 3. (b) Social Security Number 3. (c) SULL NAME 3. (b) Social Security Number 4. Set 4. Set 5. Solve or reso 6. (c) Equipment or wife. 6. (d) Hame or beginning or wife. 6. (d) Hame or wife. 6. (d) Hame or beginning or wife. 6.	(If outside city or town limits, write RURAL and give neorest town)	State County County
Rev long in hospital or institution, or street address where death occurred: Rev long in hospital or institution?	1.10	(If outside city or town limits, write HIRAL and dive nearest town)
Row long in hempital or institution? 3. (a) FULL NAME 3. (b) Social Security Number 4. Sea 5. Color or race 6. Color or race 6. Color or race 7. Sorth data or of deceased from the fall of th		
Row long in borgital or institution? 3. (a) FULL NAME 3. (b) Social Security Number 3. (b) Social Security Number 4. Sut 5. Color or race 6. (a) Many of depth and or wife. 6. (b) Name of depth and or wife. 6. (c) Name of depth and or wife. 7. Sut before an any of the survey of the surve		Street No
3. (a) FULL NAME 4. Set S. Color or race S. Colosingle. married, widowed, artifricted W. W. Court S. Color or race S. Colosingle. married, widowed, artifricted W. W. Court S. Color of race S. Colosingle. married, widowed, artifricted W. W. Court S. Color of race S. Color of ra	Now long in hospital or institution?	
4. Set 5. Dolor or rate 6. (a) Shagha, married, bidowed, or directed W Clark 1974 (a) Memo of development or wife. I shall all married bidowed, or directed W Clark 1974 (a) Memo of development or wife. I shall all married be deceased from the data above states: that I altended deceased from 21. I CERTIFY that of dety occurred on the data above states: that I altended deceased from 1974 (a) 19 to 10 for 12. 18. 16. 18. AGE: very Member Days It less than one day 19. It		2.(a) II reteran, name war
B. (b) Name of detabased or wife. Helding Many British Security B. (c) Hallow Many of detabased or wife. Helding Many British Security B. (c) Hallow Greated (mo., day, yr.) B. Birthplace B. (c) If allow, give age years deceased (mo., day, yr.) B. Birthplace B. (c) Washing of detable or wife. Helding Many and myse) B. Birthplace B. (c) Washing Company of the security of th	3. (a) FULL NAME	3. (b) Social Security Number
B. (b) Name of detabased or wife. Helding Many British Security B. (c) Hallow Many of detabased or wife. Helding Many British Security B. (c) Hallow Greated (mo., day, yr.) B. Birthplace B. (c) If allow, give age years deceased (mo., day, yr.) B. Birthplace B. (c) Washing of detable or wife. Helding Many and myse) B. Birthplace B. (c) Washing Company of the security of th	Clarence Villiam Barrick	
2. 1. CERTIFY that efaity occurred on the date above stated: that I attended deceased from T. Birth date of deceased (mo. day, yr.) B. AGE: Years Months Days If less than one day B. Birthplace T. Covm., connty, and spice) 10. Usual occupation. Durantion 11. Industry or business I. Birthplace T. Covm. 12. Name Service Service	4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
2. 1. CERTIFY that efaity occurred on the date above stated: that I attended deceased from T. Birth date of deceased (mo. day, yr.) B. AGE: Years Months Days If less than one day B. Birthplace T. Covm., connty, and spice) 10. Usual occupation. Durantion 11. Industry or business I. Birthplace T. Covm. 12. Name Service Service	m w widows	0 2/ 07/14
1. Birth date of deceased (mo. day, yr.) dunce 3 183 8. AGE: Years Months Days If less than one day 1. Birthplace June 1 19 19 19 19 19 19 19 19 19 19 19 19 1	7/ - 7	20. DATE DF DEATH
1. Birthplace. 1. Birthplace 1. Bi	6.(b) Name of hyshand or wife Hellie May Barrick	1
16. Hold date of deceased (mm., day, yr.) 8. AGE: Years Months Days If less than one day 19. Birthplace Judy, country, and spiles) 10. Usual occupation. 11. Industry or business 12. Name Judy, country States (mm., day, yr.) 14. Maiden name Judy, country States (mm., day, yr.) 15. Birthplace 16. Where of the states of death Durantino States (mm., day, yr.) 16. Holdstry or business 17. Name Judy, country States (mm., day, yr.) 18. Informati Judy States (mm., day, yr.) 19. Judy 1 last saw h. maille on 19. J	R (a) If all you are years	19 43 19 10 Gm 25 18 76
8. AGE: Years Months Bays If less than one day 7	7. Birth date of	and that I last saw h
9. Birthplace		Immediate cause of death DURATION
9. Birthplace (Town, connity, and sigle) 10. Usual occupation (Town, connity, and sigle) 11. Usual occupation (Town, connity, and sigle) 12. Name Actuain E. Barrick (Include pregnancy within 8 months of death) 13. Birthplace (Include pregnancy within 8 months of death) 14. Maiden name (Include pregnancy within 8 months of death) 15. Birthplace (Include pregnancy within 8 months of death) 16. Informant (Include pregnancy within 8 months of death) 17. Autopsy results PHYSICIAN: Please noderline the cause to which death shoold be charged statistically. 18. Informant (Include pregnancy within 8 months of death) 19. Location (Include pregnancy within	8. AGE: Years Months Days If less than one day	16 lestering Sadia Darculas
S. Birthplace Trown, consty, and spike) 10. Usual occupation. 11. Industry or business 12. Name. Serving E. Barrick 13. Birthplace 14. Malden name. 15. Birthplace 16. Informant 16. Informant 17. Berial 18. Incompant 19. Deterministry or removal. Whilen Deterministry 19. Location 19.	64 7 22min.	
10. Usual occupation. 11. Industry or business 12. Name. Securing E. Barrich 13. Birthplace 14. Maiden name. Curranda D. Recursburg 15. Birthplace 16. Informant 17. Device Security 18. Informant 19. Date fibereot Survey 19. Location 20. Location 21. Location 22. VIOLENCE: If death was due to external causes, fill in the following: 22. VIOLENCE: If death was due to external causes, fill in the following: 20. Locations 21. Location 22. VIOLENCE: If death was due to external causes, fill in the following: 22. VIOLENCE: If death was due to external causes, fill in the following: 22. VIOLENCE: If death was due to external causes, fill in the following: 22. VIOLENCE: If death was due to external causes, fill in the follo	fre de into 00	· Juny out 3.
12. Name	9. Birthplace (Town, county, and space)	Due 10
12. Name	In House accupation Returned Fatures	***************************************
12. Name		Due fo
14. Maiden name		
14. Maiden name	= 12. Name Jeung E. Barrick	Other conditions
14. Major name 4. Major fiodiogs of operations. 15. Birthplace Fuel. Co. 16. Informant Levi Burio Bate of p. Autopsy results. PHYSICIAN: Please nuderline the cause to which death shoold be charged statistically. 22. VIOLENCE: If death was due fo external causes, fill in the following: Accident, suicide, or homicide. Date of p. Autopsy results. PHYSICIAN: Please nuderline the cause to which death shoold be charged statistically. Accident, suicide, or homicide. Date of p. Accident, suicide, or homicide. Date of p. Where did injury occur? (City or town) (County) (State) Injured at home, farm, industry, public place (where?) Means of injury injured at work? 19. 2 k		
16. Informant 400 Living Barrier Autopsy results. Address Ubelkerarille 17. Berrial (Burial, eremation, or removal which) Cemetery or erematory Lack Quietles (month) (day) (year) Location Ubelkerarille 18. Funeral director Address Ubelkersville 19. Location 1	E . Mus Canada & Ramphyra	(Include pregnancy within 8 months of death)
16. Informant 400 Living Barrier Autopsy results. Address Ubelkerarille 17. Berrial (Burial, eremation, or removal which) Cemetery or erematory Lack Quietles (month) (day) (year) Location Ubelkerarille 18. Funeral director Address Ubelkersville 19. Location 1	F	Major fiediogs of operations.
Address Declarity Physician: Please nuderline the cause to which desth shoold be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide	El 15. Birthplace / red. Co.	Date of op
Address Date fhereof Jan. 28 / 946 (Barial, eventation, or removal, Whient) Cemetery or eventatory Location Location Address Date fhereof Jan. 28 / 946 (month) (day) (year) (month) (day) (year) Where did injury occur? (City or town) (County) (State) injured af home, farm, industry, public place (where?) Means of injury injured af work? 23. SIGNATURE 23. SIGNATURE M. D. or other	16. Interment Leo Leuro Barrick	Autopsy results.
Bate fhereof. Jaw. 38. 1946 (Borial, eremation, or removal. Which?) Cemetery or erematory. Location. Use Remarks and the following: Location. Grand director. Grand director. Grand director. Address 19. 20. 19 + 6. Emphasized the following: Accident, suicide, or homicide. Date of	Marin 18ha O Korani ell.	PHYSICIAN: Please nuderline the cause to which desth should be charged statistically.
Cemetery or erematory Location Location 4 County County Where did injury occur? (City or town) (County) (State) Injured af home, farm, industry, public place (where?) Means of injury Injured af work? 19. 2 County Means of injury 19. 2 County Means of injury 23. SIGNATURE 24. M. D. or other		22. VIOLENCE: If death was due to external causes, fill in the following;
Cemetery or erematory Location Location 4 County Gity or town) (County) (State) Injured af home, farm, industry, public place (where?) Means of injury Injured af work? Means of injury 19. 2 County Means of injury 23. SIGNATURE 24. M. D. or other M. D. or other M. D. or other County) (State)	17. Date thereof au. 28. 1946	Accident, suicide, or hamicide
Location Utolkers will injured af home, farm, industry, public place (where?) 16. Funeral director G. Bartan Address Walkerswille 19. 2 20. 19 H. S. Elizabett Heck. 19. 2 20. 19 H. S. Elizabett Heck.	200 1 60 -1	
18. Funeral director. Address Walkersville. 19. 2 & Xau 19 H. & Elizabetti Heck. Means of Injury Injured at work? 23. SIGNATURE. 24. M. D. or other Section of the Se	Cemetery of arematory.	(City or town) (County) (Stste)
Address Walkersville. 19. 2 le Jan 19 H. G. Elizabette Heck.	Location Walkers will	Injured af home, farm, industry, public place (where?)
Address Walkersville. 19. 2 le Jan 19 H. G. Elizabette Heck.	18 Finance disaster 40 Barter	Means of injury Injured at work?
19. 2 le Jan 19 H. le Elizabette J. Heck. 23. SIGNATURE M. D. or other		0.000,0
19. 2 6 You 19 4 6 Chabitle of Heck.	Address Walkersvelle	20 SIGNATURE 2 11 OF C TINDOU
(Date rec(d)by registrar) Registrar Address Address Mall Date signed Address Mall Date signed Address Mall Date signed Address Mall Date signed	10 26 Sar MAC Elistet Attack	M. D. or othe
	(Date rec(d)by registrar)	Address Dollan well Md Date signed fon 25 4

JAN 28 1946 BUREAU V.S.

VS A15

2411 N. Charles St., Baltimore

00537

CERTIFICATE OF DEATH

County Frederick				(For newborn infants give residence of mother)		
VUINTY				State Maryland County Carroll		
City or town				(If outside city or town limits, write RURAL and give nearest town)		
	Frederick			Street No. R. F. D. #6 (If rursl, give LOCATION)		
How long in hospital	or institution?	days		2.(a) If veteran, name war		
3. (a) FULL NA	ME			3. (b) Social Secur	rity Number	
	SMI	rh se	IBERT BETTS	220-05-6		
4. Sex	5. Color or race	6.(a)Singl	e, married, widewed, or diverced	MEDICAL CERTIFICATION	3407	
Male	White	Sep	arated	20. DATE OF DEATH January 8th. 19 4	6 at 9 P/ m	
6.(b) Name of husber	nd-or wife Don	't Kno	W	21. I CERTIFY that death occurred on the date above stated; that I attended		
		6.(c) If alive, give ageyears	and that I last saw h. 1.8.7 alve on		
8. AGE: Yes		ber 12	1 If less than one day	Immediate canse of death	DURATION	
46	0	27	hrsmin.		1 7. day	
	0 331	202	state)	Due to		
10. Usual occupation	Auto Mech	anic	state;	Due to		
t1. Industry or busin	ess			Vue 10		
12. Hame	Don't Know	Rev.	W.R. Betts	Dther conditions		
14. Maiden nam	Den't Kn.	ow Em	ma S. Griffich	(Include pregnancy within 8 months of death) Major findings of operations.		
	and the Deser		,·~.	- Date of op	***************************************	
	spital Reco			Antopsy results		
	ederick Cit			22. VIOLENCE: If death was due to external causes, fill in the following;		
(Burial, gramatic	on, or removal, Which?)	Date there	eof Jan 12-16 (month) (day) (year)		1.6.46	
Cemetery or Generalogy Doubs Cemetery				(City or town) (County)	(State)	
Location	2 miles W.	of Fr	ederick - Md.	injured at home, farm, industry, public place (where?)	to as.	
18. Funeral director C. E. Cline and Son				Means of Injury Injured at work?	100	
Address	Frederic	k, Md.		Rustan BA	En	
19. (Date rec'd by	registrar)	13	is abelle I Hack. Registrar	23. SIGNATURE	D, or other	

BURLAU VE

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS/A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 940 CERTIFICATE OF DEATH

00538 Reg. Diat. No. ...

1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County Trible County (If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION) 2.(a) If veteran, name war.
Bessie Bruce Barton	3. (b) Social Security Number 2/3-01-14-3 4
4. Sex 5. Color or race 6.(a)Single, married, widowad, or divorced	MEDICAL CERTIFICATION 2D. DATE DF DEATN
8. AGE: Years Months Days It less than one day 64 2 5hrsmin.	Immediate canso of death DURATION
9. Birthplace Thurnest district Fred (C)	Due to.
1D. Usual occupation	Due ta
12. Name William a. Barton 13. Birthplace Fred. Co.	Dither conditions
14. Malden name Clara Pouse Ogle 15. Birthplace Fuel Ro.	(Include pregnancy within 8 months of death) Major findings of operations
18. Interment S. C. Barton	Antopsy resulta
17. Date thereof (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
Cemetery or crematory mt. Hope Children	Where did injury occur?
18. Funeral director. L. Bartler.	Means of Injury Injured at work?
Address Walkersville.	23. SIGNATURE OSTANO M.O. prother
(Dato redd by registrar) Registrar	Address Wilker will Med Date signed on 14 41.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore Mice

0(,531) Reg. Dist. No.

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		AIL	OI.	ULA	

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:		
County	(For newborn Infants give residence of mother)		
City or town (If outside city or town limits, write RJRAL and give nearest town)	State County County		
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)		
Hospilal, institution, or street address where death occurred:	Street No.		
	(If rural, give LOCATION)		
How long in hospital or institution?	2.(a) If veteran, name war		
3. (a) FULL NAME OLU A. 13	inely 3. (b) Social Security Number		
4. Sex 5. Color or raco 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
male white ougle	20, DATE OF DEATH Jan 19 46 at 3 P. M		
	21. I CERTIFY that death occurred on the dalo abovo staled; that t attended deceased from		
B.(b) Name of husband or wife			
7. Birth date of	and that I last saw h. 157. Alive on 19.		
deceased (mo., day, yr.) Sept 4, 1843			
8. AGE: Years Months Days If less than one day	The World Vy		
52 4 13nrsmin.	0.10		
9. Birthplace Sattery over her	Due to.		
(Town, connty, and state)	Duo to.		
1D. Usuat occupation.	Due to.		
11. Industry or business			
E 12. Name A ABULLE D. Pully	Other conditions		
13. Birthplace ned les, ned			
14. Maiden name Sunie & Seyler	(Include pregnancy within 8 months of death)		
	Major findings of operations		
2 15. Birthplace Med Co, Kell	Date of op.		
18. Informant Asserting	Autopsy results		
Address Declipiella live, Lanupor pue			
17 luescall - Date thereof 1/22/46	22. VIOLENCE: If death was due to externat causes, fill in the following:		
(Burial, eremation, or removal, Which?) Date thereof	Accident, suicide, or homicide. Suicide Dale of 11 9 4 6		
Cemetery or crematory	Where did injury occur? (City or town) (County) (State)		
Location Lit Click Tonglisony	Injured at homo, farm, Industry, public place (where?)		
18. Funeral director Alley & Corposes For	Means of Intury University Liniured at work?		
10/2 3 Hal-Oliver 11-4	a Requely well		
Address 40 4 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	23. SIGNATURE A. W. Dan Ex.		
19. 1-21 1946 (whednile	M. D. or other		
(Date rec'd by registrar) Registrar	Address Dato signed 1.		

Evic	deno	e for	change	of
age	is	shown	on	

MARYLAND ST

AT	E I	DEP	'AR'	TMENT	OF	HEALTH	
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age is shown on 2411 N. Charle	s St., Baltimore 30'9
FILM No. I O O JAN 22 1946 CERTIFICAT	E OF DEATH Reg. Dist. No.
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
COUNTY	state Maryland county Frederick
City or town Union Bridge Rural (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Lifetime	City or town (If outside city or town limits, write RURAL and give neurest town)
How long in above place of death?	Street No. Route 2
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) tf veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number 213-03-1028
Claude Solomon Bohn 4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male White Divorced	
	20. DATE OF DEATH
B.(b) Name of husband or wife	
7. Birth date of	and that I last saw h. 52 live on game to 19. Y.L.
deceased (mo., day, yr.) December 11 1882 8. AGE: Years Months Days If less than one day	Immediate cause of death
63 ? 62 0 29hrsmin.	Corango och den
9. Birthplace Frederick County Maryland (Town, county, and state)	Due to Loves
10. Usual occupation. General Repairman	
11. Industry or business Lehigh Portland Cement Co	Due to
	Other conditions
12. Name. Daniel Bohn 13. Birthplace Maryland	(Include pregnancy within 3 months of death)
14. Malden name Mary Leakins	Major findings of operations.
14. Maiden name Mary Leakins 15. Birthplace Maryland	Date of op.
16. Informant George Bohn	Autopsy results.
Address 2937 Walbrook Ave. Baltimore Md	PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following;
Burial (Burial, cremation, or removal, Which?) Bate thereof. Jan 13-1946 (month) (day) (year)	Accident, euicide, or homtoide
Cemetery or crematoryBeaver Dam Cemetery	Where did injury occur?
Location near Union Bridge Md	injured at home, farm, industry, public place (where?)
18. Funeral director D.D. Hartzler & Sons	Meene of injury Injured af work?
Address Union Bridge & New Windsor Md	PuBan .
19. Live 2 1946 Our Deutschafter	Address Date signed

VS A15



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MARYLAND STATE DEPARTMENT OF HEALTH

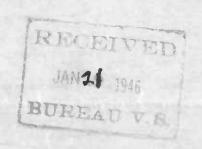
2411 N. Charles St., Baltimore 93-de

06541

CERTIFICATE OF DEATH

Reg. Diat. No. 131

1. PLACE OF DEA	and ale			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)					
County		***************************************	***************************************	State Maryland County Frederick					
(If or	itside city or town l	imits, write F	tURAL and give nearest town)	Frederick-Rural R. F. D. #4 (If outside city or town limits, write RURAL and give nearest town)					
How long in above place	of death?		***************************************	(If outside city or town limits,	write RURAL and give near	rest town)			
Hospital, Institution, or	street address where r the Ag	death occurred	l:	Street No. Near Frederick	K				
	-	Mont	- la a	(If rural, give L	LOCATION)	***************************************			
How long in hospital or		MOIIC	113	2.(a) If veteran, name war	None	*******************			
3. (a) FULL NAME					3. (b) Social Security I	Number			
	EMMA N	MATILI	DA BROWN		None	and the same			
4. Sex	5. Color or race	6.(a)Single	e, married, widewed, or divorced	MEDICAL CE	RTIFICATION	70			
F	IM	S		20. DATE OF DEATH Tanuary 17t		.10.45			
6.(b) Name of husband o	r wite	****************		21. I CERTIFY that death occurred on the date above December 17th, 18	stated; that I attended decease	sed from 7 t.h 46			
7. Birth date of			e) If elive, give ageyears	and that I last saw h er alive on Janu	ary 17th.	199			
deceased (mo., day, yr	, May	30, 1	.862		+				
8. AGE: Years	Months	Days	If less than one day	Cerebral hemorrhad	7A	DURATION			
83	7	17		Cerebral hemorrhag Jan. 17, 1946, 6:2	0 to 10.45	4 hours			
Cli	nton Cou	inty P	enna.	Bueto Chronic myocardi	+ie				
(Town, county, and state)			tate)	Due to	. 010	Dec. 17,			
10. Usual occupation	None	**************	••••••		***************************************	1370			
11. Industry or business				Due fo		***************************************			
He He	nry C. E	Brown				***************************************			
12. NameHe	linton (County	Penna.	Other conditions	***************************************	***************************************			
	Elizabet	h Bro	wn	(Include pregnancy within 3 mo	inths of death)				
14. Malden name	linton (101122	D 0	Major findings of operations	***************************************				
				Oate of op.					
16. Informant Mrs	. Willis	m M.	Storm	Autopsy results					
Address Fre	derick,	Maryl	and	PHYSICIAN: Please underline the cause to which	h death should be charged at	tatistically.			
77 4 77			1/19/46	22. VIOLENCE: If death was due to external cause:	s, fill in the following:				
(Burial, aremation,	removal. Which?)	-	(month) (day) (year)	Accident, suicide, or homicide	Date of				
Cemetery or crematory	Mount	Olive	t Cemetery	Where did injury occur?(City or town)	(Connty)	(State)			
Location	Freder	ick,	Maryland	Injured at home, farm, Industry, public place (wher					
	M R		son and Son	Means of Injury	injured at work?				
1B. Funeral director			***************************************	(7)	110000	111 -			
Address	r redel	TOR	Maryland	22 SIGNATURE	1, could	4			
19.18 Jan	19.4.6	13	abeth y. Hech.	23. SIGNATURE	Conley. D. X	ALKEN.			
(Date ree'd by regi	strar)	· · · Post · ·	Registrar	Address Frederick, Mar	yland Dafe signed]	/18/46			



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death-clearly and legibly. MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

00542 2411 N. Charles St., Baltimore 30-7

CERTIFICATE OF DEATH

Reg. Diat. No.

1. PLACE OF DE	AIH: Frede	riek		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)				
	H'22 O C C	17770	***************************************	State Maryland county Frederick				
City or town(If	autoide eity on town lin	ita weita B	URAL and give nearest town)	Frederick				
How long in above place	of death?	year	S	(If outside city or town limits, write RURAL and give nearest town)				
Hospital, institution, or				Street No. 14 E. 3rd. Street				
***************************************	rrede		City Hospital	(If rural, give LOCATION)				
How long in hospital o	r Institution?	TW(o weeks	2.(a) If veteran, name war None	***************************************			
3. (a) FULL NAM	E			3. (b) Social Securit	y Number			
	MILTO	ON CI	HRISTIS					
4. Sex	5. Color or race	6.(a)Single	married, Widowed, or divorced	MEDICAL CERTIFICATION				
Male	White	Di	vorced	20. DATE DF DEATH January 7th. 19 46	2:10A .			
n dia di cali chi chi				21. I CERTIFY that death occurred on the date above stated: that I attended de				
			***************************************	1 1 11				
7. Birth date of	*************************		e) if allve, give ageyears	and that I last saw h. A. A. T. alive on				
deceased (mo., day,	n) lay	10-	1886	Immediate cause of death	DURATION			
8. AGE: Years	Months	Days	If less than one day	(100	130			
59	7	20	hrsmin.	Sealulus welletes	J. Caracy			
9. Birthplace	Greece			Buelo Lous	•••••••••••••••••••••••••••••••••••••••			
	(Town, c	ounty, and s	tate)		***************************************			
10. Usual occupation	Candy Ma	ker	***************************************	Due to.	****			
11. industry or busines	\$			Due to	****			
当 12. Name	Cristis K	abada	aes	Dither conditions	***************************************			
	Greece				***			
	Kanella	Mein	nar	(Include pregnancy within 3 months of death)				
14. Maiden name.	Greece	0 000 000 00 00 00 00 00 00	••••••••••••••••••	Major findings of operations.				
(Fe	orge Chri	etis		Date of op.				
			7 2 2-7 257	Actopsy results				
		21- 1	Frederick, Md.	22. VIOLENCE: If death was due to external causes, fill in the following;				
17 Buria	Or removal, Which2)	Date there	Jan • 10-46 (month) (day) (year)	Accident, suicide, or homicide				
		live	t Cemetery					
				Where did injury occur? (City or town) (Coonty)	(State)			
Location	Frederi			Injured at home, farm, Industry, public ptace (where?)				
18. Funeral director	C.E.C	line	and Son	Means of Injury tnjured at work?				
Address	Frede	rick.	lid.	23. SIGNATURE PROBLEM				
292		60	: 1 An Q 11 0	23. SIGNATURE	o, or other			
19. (Date reck by re	19.14.6	المل	habelle J. telle	Address Proffer by Lediso Date signer				

BUREAU V.E.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 2370

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CERTIFICATE OF DEATH

eg. Dist. No. /3/

	Reg. Dist. No
1. PLACE OF DEATH: Juden J.	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town. (If outside city or town limits, write RURAL and give nearest town) How long in above place of death?	City or town (If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution or street address where death occurred:	Street NO 30/4 South Land Use (If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3.(a) FULL NAME Coleman, Rachael	3. (b) Social Security Number
4. Set 5. Color or race 6.(a) Single; married, widowed, or divorced	MEDICAL CERTIFICATION
Female Colored Married	2D. DATE DF DEATH. January 14, 1946 , 21 7:30 D M
B.(b) Name of husband or was Thanksline J. Coleman. B.(c) If allve, give age. 36 years	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from January 8, 19, 46, 10 January 14, 19, 46
7. Birth date of deceased (mo., day, yr.) Oct. 26, 1921	and that I last saw hour alive on 19 % 1
8. AGE: Years Months Days If less than one day 2 2hrsmin.	
9. Birthplace (Town, county, and state)	Due to Due to
1D. Usual occupation. Toware south	Due to
11. Industry or business	
12. Name Ranks 13. Birthplace Maryland	Dither conditions
14. Maiden name. Alexanta Bruy 15. Birthplace Many Land	(Include pregnancy within 3 months of death)
15. Birthplace Mary land	Major findings of operations.
16, informant Frankleri J. Coleman	Autopsy results.
Address 3014 South Land ave Balto Wed.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Burial, cremation, or removal. Which?) Date thereof. 1-18-46 (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
Cemetery or eremetery	Where did injury occur?
Location Poplar Syringia, Hawaul Co. Med.	Injured at home, farm, industry, public place (where?)
18. Funeral director 5 M. Wally	Means of injury Injured at work?
Address Win field. Mid.	OR CIGNATURE THE STATE OF THE S
19. Le la 1946 Elizabeth V Heck. (Date rec'd by registrar) Registrar	23. SIGNATURE M. D. or other Address J. Louis M. D. or other Bate signed Level 6-4

RECEIVED

JAN 18 1946

BUREAU TR

VS A15

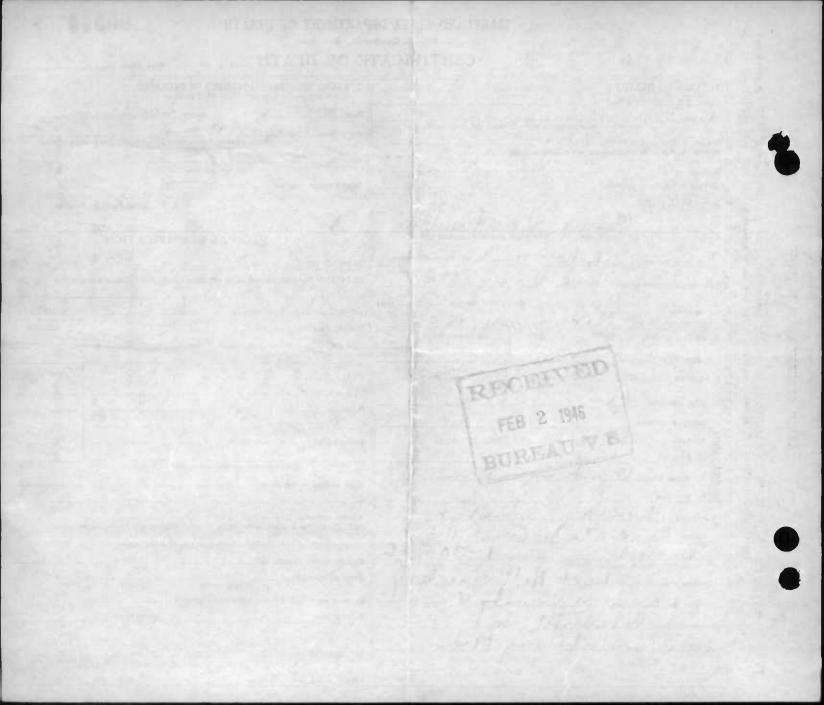
Evidence	for	change	of a	ge	MARYLAND	STATE	DEPAR	TMENT	OF	HEALTH
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lea	St.,	Baltimore	(99)	
			(

			/	,	2	-	7	
er.	Dist.	No.	/		-		7	

00544

FILM No. I O O FEB 14 1946 CERTIFICAT	TE OF DEATH Reg. Dist. No. / 32
1. PLACE OF DEATH: County Fresher: (If outside eity or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, instilution, or street address where death occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infants give residence of mother) State County City or town (If ontside city or town limits, write RURAL and give nearest town) Street No (If rural, give LOCATION)
3. (a) FULL NAME	3. (b) Social Security Number
Manuel alla	5. (b) Social Security Number
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	
5. Color of face C.C. Joingie, married, migores, or sirefees	MEDICAL CERTIFICATION
Female white Umknown	2D. DATE OF DEATH 40M 27 1946 at 8-1
2112422 D 6. C	21. I CERTIFY that death occurred on the date above stated; that nattended deceased from
6.(b) Name of husband or wife 830 X36 CE 119	an 20 146, 10 an 27 186
7. Birth date of	
deceased (mo., day, yr.) March 24, 1820	and that (Jast saw h. L. L. alive on
8. AGE: Years Months Days It tess than one day	Immediate cause of death
C11 75 10 14	
9. Birthplace	Due to Alig Jangaline (Colon of Bay)
1B. Usual occupation. The See See See See See See See See See S	Due to.
11. Industry or business	andres - Schools
12. Name	Dither conditions
	(Include pregnancy within 8 months of death)
14. Maiden name 9 - L vo vo	
14. Maiden name 0 15. Birthplace	Major fiedings of operations
T OV- CL.	
16, Informant	Autopsy results
Address Mid ale town, Md	22. VIOLENCE: 11 death was due to external causes, fill in the following;
17 Boxi2 Date thereot 1-30-46	Accident, suicide, or homicide
(Burial, cremation, or removal, Which?) (Burial, cremation, or removal, Which?)	
Cemetery or crematory Short Hill Conteter	Where did injury occuf? (City or town) (County) (State)
Location Loudon County (2,	Injured at home, tarm, industry, public place (where?)
18. Funeral director. G. L.	Means of Injury Injured at work?
Address Plid de Low, Md.	1) 5 Harb 21,18
1 21 11 7 . 80 . 10.10	23. SIGNATURE M, D, or other
Data rec'd by registrar	Address M Address Male signed Kuy 284



MARGIN RESERVED FOR BINDING

VS A15

(Date rec'd by registrar)

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93-0

CERTIFICATE OF DEATH

Reg. Dist. No. ...

1. PLACE OF DEATH: 4 rederick	(For newborn infants give residence of mother)				
County Jrederick (Ruse)	med 7re	derick			
(If outside city or town limits, write RURAL and give nearest town)	State County County				
Tiletine	(If outside city or town limits, write RUPAL, and	give nearest town)			
How long in above place of death?	122 Mater Stre				
montevue	Street No. (If rural, give LOCATION)				
	The sail of				
How long in hospital or institution?	2.(a) If veteran, name war				
3. (a) FULL NAME	3. (b) Social S	ecurity Number			
Susie, Sherle (Frome no	ne.			
	MEDICAL CERTIFICATION				
F W Widowed	20. DATE OF DEATH January 12	9 46 at 4 5 M			
Silas Crone	21. I CERTIFY that death occurred on the dato above stated; that I after	nded deceased from			
6.(b) Name of husband or wife	Jan. 10 1946, 10 50				
7. Birth date of	and that I last saw h. E. alive on Jan. 12, 16	946			
7. Birth date of deceased (mo., day, yr.) 11-5-1871		Aunarian			
8. AGE: Years Months Days It less than one day	Immediate causa of death	OURATION			
o. Aue.	Congestive heart failure	IWEEK			
74 2 /hrsmin.					
9. Birthplace Frederick Co. Ind.	Queto Hrterio-Sclevotic cardi	0- 15 years			
(Town, county, and state)	vascular disease				
10. Usual occupation. Trousekeeper					
11. Industry or business Home	Oue to	***************************************			
Al Resident Start		,,,			
E 12. Hame	Other conditions				
\$ 13. Birthplace 7 rederick Ca. md.	(Include prognancy within 3 months of death)				
Klout Know	(include prognancy within a months of death)				
14. Maiden name. Mout Know 15. Birthplace	Major findings of operations				
E 15. Birthplace	Oate of	0 p			
18. Interment Walter Poole	Autopsy results				
Address 122 Water St Frederick- Ind.	PHYSICIAN: Please underline the cause to which death should be	charged statistically.			
Address 12 2 17 auc St 4 / aseriese 1 - a.	22. VIOLENCE: If death was due to external causes, fill in the follow	ing:			
17 Burial Date thereof 1-14-1946		of			
(Burlat, Cremation, or remotal, Whiteh)	nooned out of the same of the				
Cemetery or crematory Lutherau Climetery	Where did injury occur?(City or town) (County	(State)			
location middletown - mid.	Injured at home, farm, Industry, public place (where?)	***************************************			
1800.	Means of Injury Injured at	work?			
18. Funeral director.	101	0. 2			
Address Frederick-md.	Bernard Homas	h. M.11.			
CV. DAD ON IN	23. SIGNATURE	M To an athen			
19. 14 face 19 4 6 Challelle J. Heck	228N. market St. Fred h. m	6 te signed 5 au. 14, 46			
(Date rec'd by registrar) Registrar	II Address	in signod			

EPARTHOLETACINI TRUS

JAN 15 1946 BUREAU V S.

VS A15

MARYLAND	STATE	DEPARTMENT	OF	HEALT	Ή
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2411 N. Charles St., Baltimore



00546

2411 N. Charles St., Baltimore (140) CERTIFICATE OF DEATH

1	1.4		-	_
P	Reg. Dist.	No.	 3	7

1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County City or town If outside city or town lights, write RURAL and give nearest town) Sireet No. (If rural, give LOCATION) 2.(a) If veteran, name war
3. (a) FULL NAME	
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	3. (b) Social Security Number MEDICAL CERTIFICATION
20 21/ 200 · · · ·	MEDICAL CERTIFICATION
Maried Married	20. DATE OF DEATH 2-4 OAM
B.(b) Name of husband or have see a la la langtose	21. I CERTIFY that deep noccurred on the date above stated; that I attended deceased from
,	For 15 min on Saul 1946
7. Birth date of 244 series 5.(c) If alive, give ageyears	and that I last saw have alive on
deceased (mo., day, yr.) Mar. 14 1876	<i></i>
8. AGE: Years Months Days It less than one day	Immediate canse of death DURATION
69 9 27hrsmin.	
9. Birthplace (30wn, county, and state)	Due to.
10. Usual occupation. Herehant	
11. Industry or business General Merchandre Sto	Due to
12. Name of Felerich Go / 24d	Dther conditions
M 9 11 10 00	(Include pregnancy within 8 months of death)
14. Malden name. James C. Species Gr. Myd.	Major fiodings of operations
4 04=100	Date of op.
18. Informant July Address Siberty tour 1944.	Autopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically.
17	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
Cemetery or crematory M. T. 3.00	Where did injury occur?
Location Mt Pleasant, 24d.	Where did injury occur?
18. Funeral director Powell & Hartyler	Means of Injury Injured at work?
Address Ivoodsboro 24d.	for the Bearly, W.S.
19. Oliv / 2 1946 Oliv O Cirpi Registrar	23. SIGNATURE M. D. or other Address Date signed / // 46

RECEIVED JAN 18 1946

BUREAU T.S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (B.)

CERTIFICATE OF DEATH

				1	39
1	Reg.	Dist.	No.		11

1. PLACE OF DEATH: Frederick	State Maryland County Allegany		
City or town. State Sanatori um, Md. (If outside city or town limits, write RURAL and give nearest town)			
	City or town (If outside city or town limits, write RURAL and give nearest town)		
How long in above place of death? Since 11/23/45. Hospital, Institution, or street address where death occurred:	(If outside city or town limits, write RURAL and give nearest town)		
Mary land Tuberculosis Sama torium	Street No		
Now long in hospital or institution? Since 11/23/45			
3. (a) FULL NAME	3. (b) Social Security Number		
Charles List Daniels	None		
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Male White Married	20. DATE DE DEATH January 3 19 46, at 2:53A		
6.(b) Name of hather Kokwile Minnie Daniels	21. I CERTIFY that death occurred on the date above stated; that t attended deceased from November 23 19. 45, to Jan. 3 19. 46		
7. Birth date of 4/06/13 CRO 9	and that I last saw h im alive on January 3 19 46		
7. Birth date of deceased (mo., day, yr.) 4/26/1878			
8. AGE: Years Months Days If less than one day	Pulmonary Tuberculosis DURATION 4 Mos		
67 8 8hrsmin.			
9. Birthplace Maryland (Town, county, and state)	Due to		
10. Usual occupation. Farmer	Due to		
11. tndustry or business [
[Dther conditions		
13. Birthplace Mary land	(Include pregnancy within 8 months of death)		
E 14. Malden name. Sara Marker	Major findings of operations		
Sara Marker 14. Maiden name Sara Marker 15. Birthplace West Virginia	Date of op.		
16. Informant Minnie Daniels (Wife)	Autopsy results		
Address R.F.D. 4, Cumberland, Md.	PHYSICIAN: Please underline the cause to which death should he charged statistically.		
	22. VIOLENCE: If death was due to external causes, fill in the following:		
17. Burial (Burisl, cremation, or removal. Which?) Date thereof 1/6/46 (month) (dsy) (yesr)	Accident, suicide, or homicide		
Cemetery XXXXX Fort Ashby, W. Va.	Where did injury occur?		
Location Fort Ashby, W. Va.	Injured at home, farm, industry, public place (where?)		
18. Funeral director John J. Hafer	Meens of Injury Injured at work?		
Comb and an 3 Neal			
13/11/16	23. SIGNATURE M. D. OKOMOK		
19. Paditta	State Sanatorium. Md. Pate street 1/3/46		

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legitly.

Morganana



VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 3300

00548

CERTIFICATE OF DEATH

Rog. Diat. No. 131

1. PLACE OF DEATH: County Frederick City or to Frederick (If outside city or town limits, write RURAL and give nearest town)				2. USUAL RESIDENCE (HOME) (For newborn infants give residence of	OF DECEASED:		
			***************************************	State Maryland County Frederick			
			IIRAL and give negrout town)				
How tong in above place of death? 4 Months		City or town (If outside city or town limits, write RURAL and give nearest town)					
Hospital, insti	tution, or str	eet address when	e death occurred	:	516 North Ros	ntz Street	
516	North	Bentz	Stree	t	Street No. (If rural, give LOCATION) 2(a) If veteran, name war. None		
How long in h	ospital or in	stitulion?					
3. (a) FUL	LNAME					3. (b) Social Security	
		JOHN	FRANCI	S DORSEY		None	
4. Sex		. Color or race	6.(a)Slogic	e, married, widowed, or divorced	MEDICAL C	CERTIFICATION	
M		C	S		Janua	ry 24, 19 46	5 . 5:35
		wife			21. I CERTIFY that death occurred on the dale a	4 4	
			8.(0	i) If alive, give ageyea	18	(4 () to	///
7. Birth date of	mo., day, yr.)	Septe	mber 3	, 1945	10		19.5
8. AGE:	Years	Months	Days	If less than one day	Immediate cause of death		DURATION
	0	4	21			- Constitution of the second	
	Timed	on all		1		a eliti	
9. Birthplace	rreu	(Tow	n, county, and a	ick-Maryland	Due to	meyem.	Volum
10. Usual occ		Tnfo					- YL
			•••••••		Due fo		
11. industry o		- M D					***************************************
분 12 Name	0011	n I. D	orsey	We was a	Other conditions		
₹ 13. Birth	prace			nty Maryland	(Include pregnancy within	months of death)	
H 14. Maid	en name	Helen	E. Th	ompson			
14. Maid 15. Birth	place F	rederi	ck Cou	nty Maryland	Major findings of operations		
16. tnformant						which deeth should be charge	d statistically.
				Frederick, Mo	an MOLENCE, if death was due to external a		
17. Bu	ırial	Penroval, Whiel	Date then	month) (day) (year)	Accident, suicide, or homicide		
				emetery	Where did injury occur?(City or town)		
Location		Fred	erick,	Maryland	Injured at home, farm, industry, public place (where?)	••••••
1B. Funeral o		117 70		ison and Son	Means of tnjury	Injured at work?	
	sirector			Maryland	41	Va elas	
Address		1.1.00	OLICK	mary railu	23. SIGNATURE	reviv	M. D.
10 95	Ya.	10 U /	13	isabelle J. Heck			, or other
(Date re	c' by regis	19 H		Registr	Address Frederick, Man	ryland Date signer	1-24-46

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2411 N. Charles S	e,, Dair	imore 46-21	
CERTIFICATE	OF	DEATH	

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Sandanies	State manysand county montgamery
City or to (If outside city or town limits, write RURAL and give nearest town)	7 2 7
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, institution, or street address where death occurred:	Street No. none
Frankers City Hospital	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veleran, name war
3. (a) FULL NAME & anal Later Es	3. (b) Social Security Number
4. Sex 5. Color or race 6 (a) ingle, married, widowed, or divorced	MEDICAL CERTIFICATION
Bouradie ative som	20. DATE OF DEATH. January 27, 1946, at 900 PM
untround aitens esar D steer Destroy	21. I CERTIFY that death occurred on the date above stated; that t attended deceased from
6.(0) Name of assessment wife	January 7 19 46, 10 Jan. 27 18 46
7. Birth date of	and that I last saw heath alive on
deceased (mo., day, yr.)	Immediate cause of death
8. AGE: Years Month Bays If less than one day	
70 70 40 15hrsmin.	Carena of Colon 3mo.
9. Birthplace I Armestown - mary and (Town, county, and state)	Due to
10. Usual occupation latined & armer	
0	Due to
11. Industry or husiness towns	S. I laceron
12. Name Cashier Co., Mal. O	(Include pregnancy within 3 months of death)
14. Maiden name LAVINIA COOPER	
14. Maiden name LAVINIA COOPER 15. Birthplace massached	Major findings of operations.
9. 6 - 6	Date of op.
16. Interment him have Emitting (daugiter)	Autopsy results
Address Darnestown - Maryland	
(Burial, cremation, as removel, Wnich?) Date thereof (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following:
	Accident, suicide, or homicide
Cemetery or committing to the committee of the committee	Where did injury occur?
O localizary - maretyrapa of	Injured at home, farm, Industry, public place (where?)
18. Funeral director, Win Rowsen Rumphour	Meens of tnjury Injured at work?
Address Rosavissa - masuland	J. J. Tearre, M.D.
Admiss Company	23. SIGNATURE M. D. or other
19. 08 - Quantity 19.16 Challelle of the Registrar Registrar	Address Fredorick Md Date signed 127/46.

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JAN 29 1946

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 140

CERTIFICATE OF DEATH

1. PLACE QE DEATH: County Lacker	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
(If outside city or town limits, write RURAL end give nearest town)	State County Scaling		
How long in above place of death? 28 yzz	(If outside city or town limits, write RURAL and give nearest town)		
Hospital, Institution, or street address where death occurred:	Street No		
How long in hospital or institution?	(If rural, give LOCATION) 2.(a) If veteran, name war		
3. (a) FULL NAME	3. (b) Social Security Number		
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
m widowed	20. DATE DF DEATH. Jan 3 1946 21 1/1 AM		
8.(b) Name of man or wife Olevia Nicodemies	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from		
7. Birth date of deceased (mo., day, yr.) Lec., 20 1867	and that I last saw h 1.5.7. alive on Jan. 3.1. 194.6.		
8. AGE: Years Months Days It less than one day	Immediate cause of death DURATION		
85 1 11hrsmln.			
9. Birthplace (Town, connty, and state)	Due to		
10. Usual occupation. Farmer			
11, industry or business	Due to		
12. Name Daniel Etgler	Other conditions		
	(Include pregnancy within 8 months of death)		
14. Maiden name angeline rusbaem 15. Birthplace Frederick O.	Major findings af operatious.		
CO in Sta Con	Date of op.		
18. Informant	Autopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically.		
Address Walkerspelle, mg.	22. VIOLENCE: It death was due to external causes, fill in the tollowing;		
(Buriai, cremation, ex-removal, Which?) Date thereof. (month) (day) (year)	Accident, suicide, or homicide.		
Cemetery or scometery Union Chapel	Where did injury occur? (City or town) (County) (State)		
Location Mr. Leberty town	Injured at home, tarm, Industry, public place (where?) S. Led in tool your		
18. Funeral director 9. C. Basitan	Means of Injury 12 gas. Shot gun Injured at work? 200		
Address lebelkersville	Buy Benefit and .		
1-4ch VI Elisabeth Attach	23. SIGNATURE M. D. or other		
19. (Date ree'd by recretter)	Iddan Frederick med and 1.31. 46		

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VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

					Reg. Diat. No.			
1. PLACE OF DE	Fr.	ederic	k	2. USUAL RESIDENCE (HOME) ((For newborn infants give residence of	OF DECEASED:			
County	₽~	-11-	1_	State Maryland County Frederick				
City or taken(If	entside city or town lis	nits, write R	URAL and give negrest town)	Frederick				
How long to above place of death?				(If outside city or town limit	ts, write RURAL and give nearest town)			
Frederick City Hospital				WII VOI 1904	trick Street			
		5 hou		Non	e LOCATION)			
	r Institution?			2.(a) It veteran, name war				
3. (a) FULL NAM	LEWI	S FRA	LEY FAGAN		3. (b) Social Security Number 214-10-5255			
4. Sex	5. Color or race	6.(a)Single	married, widowed, or divorced	MEDICAL C	ERTIFICATION			
Male	White	Ma	rried	20. DATE OF DEATH January	11th 19 46 ,319:45A			
6.(b) Name of busbend	or wife. Et	hel Ma	ry Christ	21. I CERNEY that death occurred on the dale ab				
) It alive, give age	100.1 19	45-10 Jan 1/ 1946			
7. Birth date of				and that I last saw bannamalive on	an 1// 19 4 6			
8. AGE: Years		7- 18	It less than one day	Immediate cause of death	DURATION			
		4		1	A			
53		_4	hrs min.	Mya Cardid O	mufficiency I ho			
8. Birthplace	Frederick	County	Md.	Due to				
	Clawle	ounty, and s	tate)		,			
1D. Usual occupation		- l	***************************************	Due to It remake / que	al Heress			
11. industry or busines				17				
E 12. Hamo	Charles T.		••••••	Dither conditions A had the	uffic my			
	Frederick,			(Include pregnancy within 3				
14. Malden name.	Addie F	raley		has	months of death)			
14. Malden name.	Frederi	ck. Md		Major findings of operations.				
	arles W. S	tun		Autopsy results 2001	Date of op			
			••••••	PHYSICIAN: Please underline the cause to w	hich death should be charged statistically.			
	ederick, M			22, VIOLENCE: tf death was due to externat ca	uses. fill in the following:			
17 Burial	or removal Which	Date there	of Jan 13-1946 (month) (day) (year)	Accident, suicide, or homtcide				
Cemetery or cremate			Cemetery	Where did injury occur?(City or town)				
	•							
	Frederi			Injured at home, tarm, Industry, public place (w				
18. Funeral director	C.E.Cli	ne and	Son	Means of Injury	injured at work?			
Address	Frederi			1111	+ (7: 1. M.D.			
19. Date redd by re	19.4.6	93	habeth 4 Hick. Registrar	23. SIGNATURE Trederick	M. D/or other Date signed // = / Y 6			

JAN 15 1946
BUREAU V S.

VS A15



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 13.

CERTIFICATE OF DEATH

Reg. Diat. No.,

How long in ebove place Hospital, institution, or Maryland How long in hospital or	Frederi te Sanat outside city or town l of death? Sinc street address where Tubercu r Institution? Si	orium imits, write e 10/ death occurre losis	Mary land RURAL and give nearest town) 25/44 d: Sanatorium 0/25/44	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State. Maryland County. City or town Baltimore (If outside city or town limits, write RURAL and give nearest town) Street No. 921 N. Payson Ste (If rural, give LOCATION) 2.(a) If veteran, name war.			
3.(a) FULL NAM George	e W. Farre	11			3. (b) Social Secur 21 5-01-		
4. Sex	5. Color or race	6.(a)Sing	le, married, widowed, or divorced	MEDICAL CE	RTIFICATION		
Male	White	1100	Single	20. DATE OF DEATH January 16	. 10	46 6 . 45P W	
	1 /0		(c) If allive, give ageyears	21. I CERTIFY that death occurred on the date about October 25 1944 and that I tast saw h. i.m. alive on Jan	re stated; that lattended 4. to Jan. uary 16	16	
8. AGE: Year		Days 20	If less than one dayhrsmin.	Pulmonary Tubercu			
10. Usual occupation. 11. Industry or busines H 12. Name	r II ellan	• Far	rell	Due to			
15. Birthplace	Ireland	đ		(Include pregnancy within 8 m Major findings of operations	Date of op		
17. (Burlai, cremation Cemetery or cremat	Thurmon	reage	reof Jan 2 1 946 (month) (day) (year)		(County) ere?) Injured at work?	(State)	



CERTIFICATE OF DEATH

Reg. Dint. No....

Addres State Sanatori um, Md. Date signed 1/23/46

1. PLACE OF	hark	erick		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)				
County				State Maryland Coun	tv			
Cily or town	If outside city or town li	mits, write I	Maryland RURAL and give nearest town)					
How long in above p	lace of death? Since	ce 9/	16/44	City or town Baltimore (If outside city or town limits.				
Hospital, Institution	, or street address where i	death occurre	Sane torium	Street No. 2812 Echodale	Ave.	, , , , ,		
				(If rural, give I	LOCATION)			
		3.697	16/44	2.(a) If veteran, name war. Navy 191	1-1915			
3. (a) FULL NA					3. (b) Social Security	y Number		
Contract to the Contract of th	ndrew Faul				None			
4. Sex	5. Color or race	6.(a)Sing	e, married, widowed, or divorced	MEDICAL CE	RTIFICATION			
Male	White	M	arried	20. DATE OF DEATH January 22	19 46	7:35P		
A (1) Have 413FG	Mary Mary	Fau 1	haber	21. I CERTIFY that death occurred on the date abov				
				September 16 194				
7. Birth date of			c) If alive, give age 64 years	and that I last saw h imalive on Jan	uary 22	19.40		
deceased (mo., da		/1882						
01 11441	ears Months	Days 19	If less than one day	Immediate cause of death Pulmonary Tubercul	osi s	21 Mos.		
			hrsmin.					
B. Birthplace	Baltimore,	Mary	Land	Due to		***		
	Carpent	ter	state)			****		
10. Usual occupation	OR		•••••••••••••••••••••••••••••••••••••••	Due to	***************************************	****		
11. Industry or bust		7 1	1					
12. Name	And rew F		ber	Other conditions Bronchial As	thma	20 Yrs.		
13. Birthpiace	German			(Include pregnancy within 3 m		***		
# 14. Malden na	me Mary Ph	affen	bach					
14. Maiden nat	Bal ti mo			Major findings of operations				
16. Informant	Decease	<u> </u>		Autopsy results				
Address								
17 Bur	al	Date ther	eof Jan. 25,1946	22. VIOLENCE: If death was due to external cause				
	tion, of moval, Which?)	Ro	(month) (day) (year)	Accident, suicide, or homicide				
Cemetery or crem	natory To Cagour	year	cener com	Where did Injury occur?(City or town)				
Location	190	ltu	norp, Me	Injured at home, farm, industry, public place (whe	re?)	*************************		
18. Funeral directo	m. L. Cro	ant	DOT A Sou	Meens of Injury	Injured et work?			
~/)		no	JKP	2/ 1	6. 2			
Address A	urmout.	Ka.	1 Stan	23. SIGNATURE R. Co. Bace	in 4. P.	*************		
19//	V/46	()	ALMON		м. D.	XFXXXXX		
(Date pec'd by	registrar)		Registrar	Addres State Sanatori um	. IVIQ . Date signed	1/23/40		

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully The is especially important. Physicians: please write the causes of death clearly and legibly.

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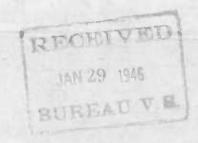
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 940

CERTIFICATE OF DEATH

1				٦	Z	7
	Reg.	Dist.	No.		···	

1. PLACE OF I	DEATH: lerick			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)				
1417	20001101	••••••	•••••	State Maryland County Frederick				
City or tema	If outside city or town li	mits, write R	URAL and give nearest town)	Frederick				
How long in above pi	ace of death?	fe	***************************************	(If ontside city or town limits, write RURAL and give nearest town)				
Hospital, Institution.	or street address where	death occurred	:	Street No. 210 East Fifth Street				
STO FS	ast Fifth	Stree	<u>C</u>	(If rural, give LOCATION)				
How long In hospita	or Institution?		***************************************	2.(a) If veteran, name war None				
3. (a) FULL NA	ME			3. (b) Social Security Number				
	SIE AR	T S.	FILBY	None				
4. Sex	5. Color or race	6.(a)Single	, married, widowed, or divorced	MEDICAL CERTIFICATION				
M	W		M	20. DATE OF DEATH January 27, 19 46 at 5:30Pm				
6.(b) Name of husby	Moll Moll	ie I.	Linton	21. I CERTIFY that death occurred on the date above stated; that I etlended deceased from				
			e) If alive, give age 64 years	19				
7. Birth date of	Ammiet			and that I last saw him The Cond January 27th, 1946				
deceased (mo., da	ars Months	Days	If less than one day	Immediate cause of death				
0, 1101.	4	28	hrsmin.	Coronory occurrent Churcher				
4								
9. Birthplace	rederick-r	reder	ick-Maryland	Due to				
	Retired	Candy	Maker					
10. Usual occupation	DR		1°-0,12	Oue to				
11. Industry or busi	ness							
至 12. Name	haddeus F	ilby		Other conditions				
13. Birthplace	Frederic	k Cour	nty Maryland					
				(Include pregnancy within 8 months of death)				
14. Malden na	me	1	17 7 3	Major findings of operations.				
15. Birthplace	Reisters	town,	Maryland	Qate of op				
16. Informant, M.T.	Horacie Reisters s. Mollie	L. F	ilby	Antopsy results				
			rederick, Md.	PHYSICIAN: Please underline the cause to which death should be charged statistically.				
17 Buris	1		1/30/46	22. VIOLENCE: It death was due to external causes, till in the tollowing:				
		= Date there	(month) (day) (year)	Accident, suicide, or homicide				
Cometery or coon	Mount	Oliv	et Cemetery	Where did injury occur?				
	Frede	rick.	Maryland	Injured at home, tarm, industry, public place (where?)				
Location	M. R. F	tchis	on and Son	Manne of Injury Injured at work?				
				P.W. Box Deputy Medical Examiner				
Address	Frederi	ck, Ma	aryland	Examiner				
9000	1.1	6	D. D. D. 4 Hoch	M. D. or other				
Date rec'd by	registrar)		Registrar	Address Frederick, Manyland Oate signed 1-28-46				



VS A15

MARYLAND	STATE	DEPARTMENT	OF	HEAL	Π
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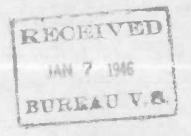
2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

Reg. Dist. No. 144

3. (b) Social Security 4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced 2. As a sex 5. Color or race 6.(a) Single, married, widowed, or divorced 2. As a sex 5. Color or race 6.(a) Single, married, widowed, or divorced 2. As a sex 5. Color or race 6.(a) Single, married, widowed, or divorced 2. As a sex 5. Color or race 6.(a) Single, married, widowed, or divorced 2. As a sex 5. Color or race 6.(a) Single, married, widowed, or divorced 2. As a sex 5. Color or race 6.(a) Single, married, widowed, or divorced 2. As a sex 5. Color or race 6.(a) Single, married, widowed, or divorced 2. As a sex 5. Color or race 6.(a) Single, married, widowed, or divorced 2. As a sex 5. Color or race 6.(a) Single, married, widowed, or divorced 2. As a sex 5. Color or race 6.(a) Single, married, widowed, or divorced 2. As a sex 5. Color or race 6.(a) Single, married, widowed, or divorced 2. As a sex 5. Color or race 6.(a) Single, married, widowed, or divorced 2. As a sex 5. Color or race 6.(a) Single, married, widowed, or divorced 2. As a sex 5. Color or race 6.(a) Single, married, widowed, or divorced 2. As a sex 5. Color or race 6.(a) Single, married, widowed, or divorced 2. As a sex 5. Color or race 6.(a) Single, married, widowed, or divorced 2. As a sex 5. Color or race 6.(a) Single, married, widowed, or divorced 2. As a sex 5. Color or race 6.(a) Single, married, widowed, or divorced 2. As a sex 5. Color or race 6.(a) Single, married, widowed, or divorced 2. As a sex 5. Color or race 6.(a) Single, married, widowed, or divorced 2. As a sex 5. Color or race 6.(a) Single, married, widowed, or divorced 2. As a sex 5. Color or race 6.(a) Single, married, widowed, or divorced 2. As a sex 5. Color or race 6.(a) Single, married, widowed, or divorced 2. As a sex 5. Color or race 6.(a) Single, married, widowed, or divorced 2. As a sex 5. Color or race 6.(a) Single, married, widowed, or divorced 2. As a sex 5. Color or race 6.(a) Single, married, widowed, or divorced 2. As a sex 5. Color or race	nearest town)
6.(6) Name of husband or wife	
Cemetery or crematory City or cown) Location County Injured at home, farm, industry, public place (where?) Mesns of Injury Injured at work? Address Address 23. SIGNATURE C.	eceased from 19.4.65 19.4.65 BURATION 3. Jays 2. Jays (State)



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Battimore

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CERTIFICATE OF DEATH Reg. Diat. No.

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infants give residence of mother)
County	Jan Jan Carrell
City or tant	-10 . t. Idaa
How long in above place of death? 3. Lacys	(if outside city on town limits, write RURAL and give nearest town)
Hospital, Institution, or atreet address where death occurred:	Street No. Rural
Suduch aly Norpelal	(If rural, give LOCATION)
How tong in hospital or institution?	2.(a) If veleran, name war
3. (a) FULL NAME	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or diversed.	MEDICAL CERTIFICATION
Male Coloud married,	20. DATE OF DEATH January 18 1946 at 920 P.M.
6.(b) Name of bushed or wife Laverna Fisher	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	Jan 15 19.46, 10 Jan 18 19.46
7. Sirth date of	and that Clast saw h. the alive on Jan 18.
deceased (mo., day, yr.) 8 AGF: Years Months Days If less than one day	Immediate cause of death
1/6/ 7 /5	
40 / 5min.	March Lee do cachelles / mo
9. Birthplace (Town, county, and state)	Due to
10. Usual occupation. Harmer	Due to
11. Industry or business	DUE TU.
12. Name. Solverd Fisher	Other conditions
	(Include pregnancy within 3 months of death)
14. Maiden name. Marthae Fisher 15. Birthplace Manyland	Major fiadings of operations.
E 15. Birthplace Manyland	Daie of op.
16. Informant Mrs. Laverna bisher	Autopsy results
Address New Windson med. R. W.	PHYStCIAN: Please underline the cause to which death should be charged statistically.
B 0 0 0 10 10 10 10 10 10 10 10 10 10 10	22. VtOLENCE: If death was due to external causes, fill in the following:
(Burial, cremetion, or rambulal Whitehale) (Burial, cremetion, or rambulal Whitehale) (ponth) (day) (year)	Accident, suicide, or homicide
Cemetery or comments of the Co	Where did lnjury occur? (City or town) (County) (State)
Location Telestistown R. W.	Injured at home, farm, indusiry, public place (where?)
10 10 26 to 1 x land	Means of Injury Injured at work?
18. Funeral director.	CMAL 1
Address Cliver Bridget Men Chuston Mil	23. SIGNATURE THE WORLD
19. (Date red 4 by registrar)	Address 22 de la la Date signed Dec 18 - 46

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The c is especially important. Physicians: please write the causes of death clearly and legibly.

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JAN 22 1946 BUREAU V 8

MARYLAND STATE DEPARTMENT OF HEALTH

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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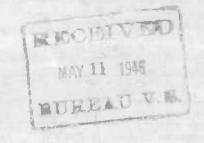
VS A15

2411 N. Charles St., Baltimore 9400

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County Trackers	(For newborn infants give rasidence of mother)
City or town (If outside city or town lipsits, write RURAL and give nearest town)	State County Telegraphy
/ 6/	City or town. (Is optside city or town limits, write RURAL and give nearest town)
How long in above place of death?	(If optside city or town limits, wate KUKAL and give nearest town)
Hospital, institution, or street address where death occurred:	Street No.
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veterant/hame war
3.(a) FULL NAME	3. (b) Social Security Number
Il lotte Thomas for	lo Hone
4. Sex 5. Color of fice 6.(a) Single, married, widowed, or directed	MEDICAL CERTIFICATION
7 0 0000 0000	
Teruste White Married	20. DATE OF OEATH
6.(b) Name of husband or wife Charles Fogle	21. I CENTIFY that death occurred on the date above stated; that hattended deceased from
	J 613 19 56 10 10 18 7 6
7. Birth date of	and that I last saw h all alive on 1944
deceased (mo., day, yr.) January 27-1865	Immediate of death DURATION
8. AGE: Years Months Days If less than one day	Cornson humber
80 11 21hrsmin.	
9. Birthplace Carrier (Town, country, and state)	Due to
0/ 1/	
10. Usual occupation	Due to
11. Industry or business	
12. Name January Horning 13. Birtholace Penna	Other conditions
13. Birthplace Penna	
200	(Include pregnancy within 8 months of death)
14. Malden name Many Hoff	Major findings of operations
S 15. Dirthplace Detring	Date of op.
16. informant Charles Togle	Antopey results
01. 20 01 2. 0 2	PHYSICIAN: Please underline the cause to which death about be charged statistically.
Address Shim Osnedge And OR 2	22. VIOLENCE: If death was due to external causes, fill in the tollowing;
17	Accident, suicide, or homicide
N 1 10 7	
Cemetery or crematory Danie Down Cemeley	Where did injury occur?
Location Stew Shin Bridge great	Injured at home, farm, Industry, public place (where?)
and althe	Maana of Injury Injured at work?
18. Funeral director. D. Story Latter San Land	0 M2 - 2 2 /21
Address Him Bulget How Murker Ind	WY massen.
0. 6 000 08:0	23. SIGNATURE M. D. or other
19. Date rec'd by registrar) Registrar	Address Marin Jus Chate signed m. le ky



Date signed,

E OF DEATH	Reg. Dint. No. 13
2. USUAL RESIDENCE (HOME) OF (Forngwhorn infants give residence of m	
State Maryaga Count	, Trederich
City on town (If outside city or town limits,	write RURAL and give nearest town)
Street No. (1f rural, give L	OCTION)
2.(a) If veteran, name war	
u Trey	3. (b) Social Security Number
MEDICAL CEI	RTIFICATION
20. DATE DE DEATH Saucear	2 //- /5
21. I CERTIFY that death occurred on the date above	stated; that I aftended deceased from
Jackery 2, 1977	760, to 19 T
and that I last saw h Marily on	197
Immediate cause of death	DURATION 2 days
- Francis	- Carry
Due to Intestinal Obst	Augtina Z. Agen
Carcinomal of intestines	
Due to	
Other conditions	
(Include pregnancy within 3 mo	nths of denth)
Major findings of operations No a facention	
7	Date of op
Antopsy results. Ma antofrages. PHYSICIAN: Please underline the cause to which	
22. VIOLENCE: It death was due to external cause:	
Accident, suicide, or homicide	
Where did injury occur?(City or town)	(County) (State)
Injured at home, farm, Industry, public place (when	e?)



PLEASE WRITE PLAINLY, WIPH UNFADING INK. Supply every item of information carefully. The cases is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore KHO

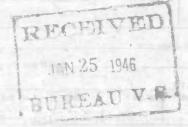
00558

CERTIFICATE OF DEATH

Rog. Dist. No. 131

1. PLACE OF DEATH: County Frederick Chysrician (If outside city or town limits, with the long in above picce of death? 24 Hour Hospital, institution, or street address where death occ Near Nolan's Ferry How long in hospital or institution?	te RURAL und give nearest town)	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infents give residence of mother) State Maryland Frederick County Frederick—Rural R. F. D. #3 (If outside city or town limits, write RURAL and give nearest town) Wilson Avenue (If rural, give LOCATION) 2.(a) If veteran, name war.
3. (a) FULL NAME		3. (b) Social Security Number
CHARLES E	LMER GEISBERT	578-10-0055
4. Sex 5. Color or race 6.(a):	Simple, married, widowed, as divorced	MEDICAL CERTIFICATION
M W	M	20. DATE OF DEATH 201 2 1 18 46 at 3 P. M
8.(b) Name of the other or wife. C. Irene	Mackley	21. I CERTIFY that death occurred on the dale above stated; that I attended deceased from
	6.(c) If allve, elve age 45 years	19
7. Birth date of February	24, 1899	and that I last saw h
8. AGE: Years Months Bays	If less than one day	Immediate cause of death DURATION
46 10 27	brsmln.	due to hong my the
8. Birthplace Nr. Frederick-F (Town, county, 10. Usual occupation. Tire Distri	butor	Due to
12. Name. Charles G. Gei	unty Maryland	Other conditions
	fer	(Include pregnancy within 3 months of death)
14. Maiden name. Sarah Snouf 15. Birthplace Frederick Co 16. loformant. Mrs. Irene M.	unty Maryland	Major findings of operations.
Wing Trene M	Geishert	Oate of op.
		Autopsy results
Address Frederick, Md. Burial Barial Bate (Burial, cramation, or removal. Which?) Cemetery or eremation, Mount Oliver Frederick Location M. R. Etch	thereof. 1/25/46 (month) (day) (year) yet Cemetery Maryland	22. VIOLENCE: If death was due to exteroal causes, fill in the following: Accident, suicide, or homicide
Address Frederick 19. 24 19. 19.4 6		23. SIGNATURE M. D. or other 144000 Face signed (8.7.7.1.44

HEAD DEDAME



M. D. or other

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

	2911	14.	Ch	aries	St.,	Dait	imoi	.0	110-6	
_	-	-				-		_ `		

	2911	14.	Cha	ries	St.,	Balt	imore	110-6	
_	-		~ .	-		-		4	

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

Flint Hill

Maryland

131 Reg. Dist. No....

Frederick

Adamstown = Rural
(If outside city or town limits, write RURAL and give nearest town)

1. PLACE OF DEATH: County Frederick City or Frederick (If outside city or town limits, write RURAL and give nearest town)								
Hospital, Instit	How long in above place of death?							
		titution?		••••••••••••••••				
3. (a) FUL	LNAME	RTC	IARD A	LONZO GILCHRIST				
4. Ser	15.	Color or race		married, widowed, or Minored				
M		C		M				
	1	07	-	TrT				
6,(b) Name of	husband or n	Me Clara						
7. Birth date o deceased (n		Unkno) it alive, give ageyears				
8. AGE:	Years	Months	Days	If less than one day				
	55?			hrs min,				
1D. Usual occi	business	Laborei ker Gil						
and transfer				unty Virginia				
H 14. Matde	п пате	Susan V	Vinsto					
16, Interment.				ilchrist				
Address		stown,		and - Rural				
Burial Date thereof 1/26/46 (Burial, commation, or removal, Which) Fairview Cemetery								
Cemetery or	erumbiory	***************						
Location	******************	******************	*******************	Maryland				
18. Funeral di	rector	***********************	***************************************	son and Son				
Address		Freder	rick,	Maryland				
19. 2 H	dby registr	19 14 (c	23	rabelle 9. Heck				

2.(a) If veteran, name war	None
	3. (b) Social Security Number
	None
MEI	DICAL CERTIFICATION
20. DATE OF DEATH JE	anuary 22nd, 1946 at 1:55
uran vo	on the date above stated; that lattended deceased from
and that I last saw h	on Jun 1/2 19
	DURATIO
Verrail	ues unh 5
	for the state of t
- /1 /)/
ve ta	/
20	
ther conditions	rusy with theisen
	ney within 3 months of death)
	Date of op.
	94te 01 95.
	he caose to which death should be charged statistically.
2. V10LENCE: It death was due	to external causes, fill in the following:
ccident, suicide, or homicide	Date of
/here did injury occur?(C	City or town) (County) (State)
jured at bome, tarm, Industry, po	ubilc place (where?)
leans of injury	Injured at work?

Frederick, Maryland

The correct age

WITH UNFADING INK. Supply every item of information carefully. The important. Physicians: please write the causes of death clearly and legibly

WRITE PLAINLY, is especially LEASE

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of age

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore CERTIFICATE OF DEATH

A.	7					4	0	2
4		Reg.	Diat.	No.	*****	L	5	

00560

	, Reg. Dist. No
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Frederick	State Maryland County Frederick
City or term. Frederick (If outside city or town limits, write RURAL and give nearest town)	
How long In above place of death? Lifetime	City or tope Frederick (If outside city or town limits, write RURAL and give nearest town)
Rospital, Institution, or street address where death occurred:	Street No. 34 South Market Street
34 South Market Street	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
CORA ELIZABETH HALLER	None
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Female White Widowed	20. DATE OF DEATH Jan. 22 19.46 , at 10:20 A.M
6.(b) Name of husband or Thomas H. Haller	21. LCERTIFY that death occurred on the date above stated; that Lattended deceased from
	700-1 1945 to Jan 22- 1946
7. Birth date of Quality Control of the control of	and that I last saw h. Lt. alive on
deceased (mo., day, yr.) September 28, 1859	Immediate cause of death
8. AGE: Years Months Days If less than one day	
86 3 24mln.	Cereful the howhage I day
9. Birthplace Frederick, Maryland (Town, county, and state)	Due to
Hanna and Ca	7
	Due to Ango cartiel o months la ling le Mrs.
11. Industry or business	
12. Name William D. Bowers 13. Birthplace Frederick County, Maryland	Differ conditions
w	(Include pregnancy within 8 months of death)
14. Malden name Charlotte Leiter Routzahn	Major findings of operations Rence
14. Maiden name Charlotte Leiter Routzahn 15. Birthplace Frederick County, Maryland	Date of op.
16 Informant T. Stuart Haller and W. Harry Halle	Antoposy results.
Address Near Frederick, Maryland	PHYSICIAN: Please underlies the cause to which death should be charged statistically.
	22. VIOLENCE: If death was due to external causes, fill in the following:
Burial Burial Date thereof Jan 21 1916 (Burial, cremetion, or removal, Whichite)	Accident, suicide, or homicide
Gemetery or premetery. Nount Olivet Cemetery.	Where did injury occur?
Location Frederick, Maryland	Injured at home, farm, industry, public place (where?)
18. Funeral director C. E. Cline & Son	Means of injury tejured at work?
Address 8 East Patrick St., Frederick, Md.	(1 A. Classe M.D.
23 Jan ou Elightly Heck.	23. SIGNATURE M. D. or otker
(Date ree'd by registrar) Registrar	Address Date signed 122/46

SELECTION TO STREET, SECTION AND ASSESSMENT OF THE PARTY OF THE PARTY

E - RIVER TO SPROPHY HAY

BOOK AND THE COLUMN TO SHEET AND

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JAN 24 1946

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The correct age PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The solid is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF D	EATH: erick			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)				
County	**************************	*****************	***************************************	State District of Columbia erick				
City or tems.	ederick	lmits, write R	URAL and give nearest town)	Washington				
				(If outside city or town limits, write RURAL and give nearest town)				
Hacalial Incillution	or street address where	death occurred		Street No. 3328 Holmeade Street N. W.				
Freder	ick City	Hospi	tal	(If rural, give LOCATION)				
How long In hospital	7	Hours		2.(a) If veteran, name war				
3. (a) FULL NAM				3.(b) Social Security Number				
3. (a) TOLL NA		VALLAC	E HARAWAY	3. (b) Social Security Number				
4. Sex	5. Color or race	6.(a)Single	, married, widowed, or divorced	MEDICAL CERTIFICATION				
M	W	S		20. DATE OF DEATH. Tan 74 1946 at 8.05 M				
6.(b) Name of husban	d or wife			21. I CERTIFY that death occurred on the date above stated; that I attended deceased from				
		6 (0) If elive, give ageyears	dra 19 10 18				
7. Birth date of	Mossemb		, 1908	and that I last saw h				
deceased (mo., day	, 11.7			Immediate cause of death				
8. AGE: Yea		Days	If less than one day	Fractive of Mall				
		13	hrs. min.	Fraction of left and 6 his				
n Piethelana D	anville,	Virgi	nia	to bacualdans of stay				
			tate)	+ Tare. shoter				
10. Usual occupation	Laborer			mis /demankage				
٣ J	ohn W. Ha	araway	. Sr.	Att.				
H .	Danville	a Vin		Other conditions				
13. Birthplace			8-11-0	(Include pregnancy within 8 months of death)				
14. Malden nam			••••••	Major fiudings of operations				
HOW 15. Birthplace	Danville	, Vir	ginia	nakjor nadaugs of operations				
H	. W. Hara	Vews						
16. Informant				Autopsy results				
Address	Holmeaderington,	D. C.	1V • 4V •	22. VIOLENCE: If death was due to external causes, fill in the following;				
Buri	Ting con,	Date there	of 1/27/46 (month) (day) (year)	Accident, suicide, or homicide				
(Burial, cremati	al Which			Accident, suicide, or homicide.				
Cemetery or crema	Leemoi	ntCem	etery	Where did injury occur? (City or town) (County) (State)				
	Danvi	11e. V	irginia	Injured at home, farm, industry, public place (where?)				
Location				Means of injury auto Injured at work?				
18. Funeral director	M. K.	Etchl	son and Son	Danity.				
Address	Frede:			D. Bru wed Ex.				
1 A 4 - V.		60	. I AA L IL. I.	23, SIGNATURE M. D. or other				
19. 2. 3	registrar)		Registrar	Address Fuduet Cul Date signed 1. 3. 4. 4				
LIBITE LCC (I DA	TERISCLET!		Tregistiat	MUNICED				

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baftimore

CERTIFICATE OF DEATH

Reg. Dist. No.

	La WOULD PROPERTY OF THE PROPE
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	Marilaced Mederuli
(If outside city or town limits, wrife RURAL and give nearest town)	State County County
	(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?	
Hospital, institution, or street address where death occurred	Street No. PAAT2
(Merselle Artille)	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
S. (a) Polic Hami	A-n/
Toman or week	Harrer none
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Mala Calored Single.	5 11/ 11/20
Thurs and surge	2D. DATE DE DEATH Alleake), 19 To at John
	21. I CERTIFY that death occurred on the date above stated; that tattended deceased from
6.(b) Name of husband or wife	
6.(c) If alive, give ageyears	18 46, 10 19
7. Birth date of hiller / 1044	and that I last saw h list salve on
deceased (mo., day, yr.)	Immediate cause of death
8. AGE: Years Months Days If less than one day	Diphtheria larguageal 24 E.
H 6 1 0 min.	
The description of Man land	
9. Birthplace (Town, county, and state)	Due to
al: 1	
10. Usuat occupation.	Due to
11. Industry or business	
11/10/10 00/11	But tur-
12. Name Redelle Sunt Old	Dther conditions
\$ 13. Birthplace redepell could ded.	(Include pregnancy within 8 months of death)
14. Maiden name Velew Bowinds	(Include pregnancy within a money of descrip
The state of the s	Major findings of operations
2 15. Birthplace Mederical course may and	Date of op.
Lingues take MS	Aptopsy results
16. informant	PHYSICIAN: Please underline the cause to which death about be charged statistically.
Address Milastics Frage - Treate, Vinde	22. VfOLENCE: ti deeth was due to external causes, fill in the following;
17 Buriste / Date thereof 1-9-1946	
(Burial, cramation, or removal, Which?) Date thereot (month) (day) (year)	Accident, suicide, or homicide
Cometery or crematery methodist Cemetery	Where did injury occur?
Ot al Carla Day	Injured at home, farm, industry, public place (where?)
Location	Rilly and the second se
18. Funeral director. C. E. Cline & Son	Moans of injury tnjured at work?
+ laish march	2011 2 20
Address Sneamer - maryeaux	23. SIGNATURE 5.0. Memos Ja M. M.
7.9a. " EP. 1 An 4 12 al	M. D. or other
19	Address Trederick, Md Date signed Jan. 5, 1946.
(Date Led of DA LeRiptiat)	ADVICES.

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VS A15

DIAGE OF DELTH

MARYLAND STATE DEPARTMENT OF HEALTH

1 2 HOHAL DECIDENCE (LICAME) OF DECEASED.

2411 N. Charles St., Baltimore CERTIFICATE OF DEATH

Reg. Dist. No. 1313

County Frederick City or tage Frederick (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 12 years Hospital, institution, or street address where death occurred: 136 West All Saint Street	(For newborn infants give residence of mother) State Maryland county Frederick City or team. (If ontside city or town limits, write RURAL and give nearest town) Street No. 136 West All Saint Street (If rural, give LOCATION) 2 (a) If yeteran, name war. None					
How long in hospital or institution?	and any of votorial limits and					
3.(a) FULL NAME DELLA DAISY BOWIE HILL	3. (b) Social Security Number None					
4. Set 5. Color or race 6.(a)Single, married, widowed, or directed	MEDICAL CERTIFICATION					
F C M						
	20. DATE OF DEATH January 21, 19 46, at 10:50Pm					
6.(6) Name of husband or alder Kiefer A. Hill	21. I CERTIFY that death occurred on the dale above stated; that I altended deceased from					
6.(c) It allive, give age 51 years	and that I last saw h. S.C. alive on					
7. Birth date of deceased (mo., day, yr.) May 25, 1895	Immediate cause of death					
8. AGE: Years Months Days If less than one day	Carcinoma of cerviy					
50 9 26hrsnin.	2/2405					
9. Birthplace	Due to.					
12. Name. James A. Bowie 13. Birthplace Frederick County Maryland	Other conditions 194 a s to set 5 6 4 6 5. (Include pregnancy within 8 months of death)					
14. Malden name Frances Hammond 15. Birthplace Frederick County Maryland	(Include pregnancy within 3 months of death) Major findings of eperations					
16, Informant Kiefer A. Hill	Autopsy results					
Address 136 W. All Saint St., Frederick,	PHYSICIAN: Picase underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the tollowing:					
Burial Barial Date thereof 1/24/46 (month) (day) (year)	Accident, suicide, or homicide					
Cemetery or exemptory Ebenezer Methodist Cemeter	Where did injury occur?					
Josephon Ijamsville, Maryland-Rural	Injured at home, farm, industry, public place (where?)					
M. R. Etchison and Son	Means of Injury Injured at work?					
18. Funeral director. Address Frederick, Maryland 19. 3.2 (Date rec'd by registrar) 19. 11. English Segistrar	23. SIGNATURE School M. D. or other Address Frederick, Maryland Date signed 1-22-46					

TANK THE PRESENTATION OF THE PARTY OF THE PA

NAME OF TAXABLE PARTY.

RECUITOR JAN 24 1946 BURLAU I E LEGUM OOL

h receipt

AND A

Registrar

Date signed.....



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 13-6)

00565

			CERTIFICAT	TE OF DEATH Reg. Dist. No	139			
Hospital, institution, Maryla 1 How long in hospita	Freder a te Sana to if outside city or town in lace of death? Sinc or street address where on the Tubercu of or institution? Sinc	rium, M e 3/22/ lealh occurred: losis S	ary land Land give nearest town) 44 and to rium /44	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State				
3. (a) FULL NA Will:	iam Edgar	Johnson		3. (b) Social Securi				
Male	5. Color or race White	6.(a)Single, mar	rled, widowed, or divorced	MEDICAL CERTIFICATION 20. DATE OF DEATH January 19 19 19 19	6 _{al} 12:10A			
	10/		live, give ageyears	21. I CERTIFY that dealh occurred on the date above stated; that t attended d March 22 19 44, to Jan and that I last saw h 1m alive on Jan uary 19	19 19.46			
8. AGE: Yo	ears Months 45 3 Howard C	15	less than one dayhrs, min, Md.	Immediate cause of death Pulmonary Tuberculosis Due to	2 yrs. 4 mos.			
11. Industry or busi	Henry H. Howard C	Johnso	n	Dither conditions (Include pregnancy within 3 months of death)				
14. Malden nai	Howard C	o., Md.		Major findings of operations				
Cemefery or cren	F. C. Hig	Dale thereof	(month) (day) (year)	Where did injury occur?	(State)			

BUREAL CALL

Stone sign below, Negotard

. Te , respectively

MARGIN RESERVED FOR BINDING

VS A15.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (3-6)

00566

CERTIFICATE OF DEATH

			- 1	2	
Reg.	Dist.	No.			 *****

1. PLACE OF				***************************************	2. USUAL RESIDENCE (HOME) OF (For newborn infants give residence of	F DECEASED:			
				URAL and give nearest town)	state Maryland cou	my Frederick	****************		
	e place of de	ealh? Li	fetime		City ordered Frederick (If outside city or town limits, write RURAL and give nearest town) Street No. 138 West Second Street				
tree promy to the tree t	,				(If rura), give	LOCATION)			
How long in hos	nital or inst	itulion? 3	days		2.(a) If veteran, name war. None				
3. (a) FULL						3. (b) Social Security No			
J. (G) 1 Call									
4. Sex	JEAN	VETTE JO	DENSTON 6.(a)Single	. married, widowed, or divorced	MEDICAL CI	None ERTIFICATION			
Female	[W]	nite	Si	ingle	20. DATE OF DEATH January 23	19.46,	1.00 A.M		
) If alive, give ageyears	21. I CERTIFY that death occurred on the date abo	46, to Ja- ===================================			
7. Birth date of deceased (mo.	. day. yr.)	Senter	aber 18.	1863					
8. AGE:	Years	Months	Days	If less than one day	Immediate cause of death		DURATION 3 days		
	82	4	5						
	etion			Land tate)	Contar ocherass				
12. Name 13. Birthpia				7. Md.	Dther conditions		•****		
-					(Include pregnancy within 3 months of death)				
14. Maiden 15. Birthpla	namel				Major findings of operations				
≥ 15. Birthpla	ce I	rederic	k Count	y, Md.	Date of op.				
16. Informant	Mrs.	Holmes.	D. Bake	r	Autopsy results				
Address	Frede	erick, 1	Maryland		PHYSICIAN: Please underline the cause to wi		atistically.		
				of Jan 25, 1946 (month) (day) (year)	22. VIOLENCE: If death was due to external cau Accident, suicide, or homicide	Date of			
Cemetery or s	rematory	Mount (livet (lemetery	Where did injury occur?(City or town)	(County)	(State)		
				and	injured at home, farm, industry, public place (w	herd?)			
f8. Funeral dire	ctor	E. Cli	ne & Sc	n	Meane of Injury	Injured at work?			
Address 8	B East	t Patrio	k St.,	Frederick, Md.	23. SIGNATURE 1807	hornas	->		
19. 2 H	Que	19.4.6	133	salettely Heck.	Address Mideral	M. D. or			

HERASE TO THE METAL STATE CHARTES AND

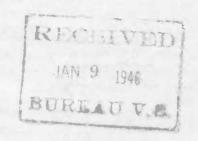
IAN 25 1946
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CERTIFICATE OF DEATH

1. PLACE OF DEATH: 1	2. USUAL RESIDENCE (HOME) OF DECEASED:
County J Manuel	(For newborn infants give residence of mother)
Rural adamstown	State County Trestrick
(If outside city or town limits, write RURAL and give nearest town)	Rural - adamstown
How long In above place of death? A efetime	(If outside city or town limits, write RURAL and give nearest town)
Hospital, institution, or street address where death occurred:	Charles No.
	Street No. (If rural, give LOCATION)
Harton to be with a last to the last to th	
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Katie Tavenia Inne	I none
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
4 0 - (.)	IMPORTATION (03
I married	20. DATE OF OEATH 200 5 19 46 at 12' R
& (b) Name of hishard or Wm, H. Jones	21. I CERTIFY that death occurred on the date above stated; that Tattended deceased from
D.(C) Name of Hadden	VTad 15 10 45 10 Jan 5 1946
6.(c) If allve, give age / years	
7. Birth date of deceased (mo., day, yr.) 9-23-74	and that I last saw h. M. alive on
8. AGE: Years Months Days If less than one day	Immediate cause of death OURATION
7/ 2	Janualing Careman 3mo
// 3 / 1hrsmin.	Passi D
9 Birtholace Frederick County - my.	Mulaslyn, (munca 6mi)
9. Sirthplace (Town, county, and state)	Due to.
Hanse L'	
10. Usual occupation.	Due to
11. Industry or business	
12. Name It m, a, kluffins	Mulmitin 7 6 me
	Other conditions
	(Include pregnancy within 3 months of death)
14. Maiden name. Plou ** Know 15. Birthplace **	
0 11 11	Major findings of operations.
≥ 15. Birthplace	
16. Interment Am. H. Joule	Autopsy results.
	PHYSICIAN: Please underline the cause to which death should he charged statistically.
Address Sunny side - Md.	22. VIOLENCE: tt death was due to external causes, fill in the following;
17 Burial Date thereof 1-9-1946	
(Burial, exemption, or remova) Which() (month) (day) (year)	Accident, suicide, or homicide
Cemetery or everythey survey side Climetery	Where did injury occur?
l., '. 2-1	
Location Survey et - M.	Injured at home, farm, industry, public place (where?)
C. E. Cline and Son	Means of Injury Injured at work?
18. Funeral director.	1 2 2 ,
Address Frederick md.	W. 71110
CO D AA O. 11	23. SIGNATURE M. D. or other,
19 8- The 1946 Chaboll J. Heck	180 (01800) 1/0/4/6
(Date rec'd by registrar) Registrar	Address. Date signed

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibity. MARGIN RESERVED FOR BINDING

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 933

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CERTIFICAT	TE OF DEATH Reg. Dist. No. 134
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
City or town	City or town (If outside city or town limits, write RURAL and give hearest town) Street Ro. (If rural, give LOCATION)
Row long to hospital or institution?	2.(a) If veteran, name war.
3. (a) FULL NAME martha ann Xo	3. (b) Social Security Number
4. Sex 5. Colar or 176) 6.(a) Singler, madried, wildowed, or divorced + + + + + + + + + + + + + + + + + +	MEDICAL CERTIFICATION 20. DATE OF DEATH. MEDICAL CERTIFICATION 19 146 at 7 P
8.(6) Name of husband or wife	21. I CERTIFY Inal death occurred on the date above stated: that I attended deceased from
8. AGE: Years Months Days It tess than one day	Immediato cause of death Congressive Feart Parlier 2 weeks
8. Birthpiace Emmla Long July Burns	Due to Ay histensine Cardon 3 years
10. Usual occopation	Due to
H 12. Name I I I I I I I I I I I I I I I I I I I	Other conditions asute bronchities Freeks
14. Maden vame Collen Kelfer 15. Birthplage musto bring ma	(Include pregnancy within 8 months of death) Major findings of operations
16. Interment My Martin I. Kaas	Antopsy results
17. Surial, cremation, or renderal. Which?) Unit thereof Am. 32- 99. (Burnal, cremation, or renderal. Which?) (mouth) (199) (year)	22. VIOLENCE: It death was due to external causes, fill in the following; Accident, suicide, or homicide
Cometery or crematory Androny The Territory Control of	Where did injury occur?
18. Funeral director of M. L. Lorenge Lague Lapy	Means of injury Injured al work?
Address Thirmond Ma	23. SIGNATURE NOTE, Cadle not
19 Jan 2 19 46 W.T. Shrift	Address Summittey Red Date signed 1-20-46

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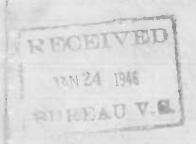
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

	108. Diat. 100 inclination
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
- A 1/2	State Many County County
City or town (If outside city or town limits, write RURAL and give nearest town) How long in above place of death?	(If butside city or town limits, waite RURAL and give nearest town)
Hospital, institution, or street address where death occurred:	Street No. 229 Earl Homes
Tudench lug Hopelas	(If parol, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war Library Library
3. (a) FULL NAME Oscar P. Kas	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widewed, or divorced	MEDICAL CERTIFICATION
male white manued	20. DATE OF DEATH. Jan. 2 2 305
6.(b) Name of husband or wife Alses Campbell	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	Jan 19 19 10 10 19 10 19 10
7. Birth date of deceased (mo., day, yr.) Paul, 8 1893	and thet I last saw her alive on Jacon 19.
8. AGE: Years Months Days If less than one day	Immediate cause of death DURATION
5-3 0 13nrsmin.	Address Jembruse Was &
8. Birthplace May Lund	Due to.
(Town, county, and state)	
1D. Usual occupation. Military Lander Guest	Due to
11. Industry or business Juilding Malerials	T Jana
12. Name general of Fame 13. Birthplace Man had	Other conditions & Output
	(Include pregnancy within 3 months of death)
14. Maiden name Colla Taelgel 15. Birthplace Mary last.	Major findings of operations De Quillouty
2.0 0 0	Date of op. The 17-X
16. Informant Mose User F. Kary	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Brumank Mill.	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burist, cramation, or removal, Which?) Date thereof (month) (day) (year)	Accident, sulcide, or homicide
Cemetery or cromstory of Temory	Where did Injury occur?
p. I P. K. M. M.	Injured at home, farm, Industry, public place (where?)
Location /	Meens of Injury Injured at work?
18. Funeral director.	cant
Address Survey M.A.	23. SIGNATURE EST Thomas
10 23 Jan 10 46 Elizabeth J. Heck.	M. D. or other
(Date rec d by registrar) Registrar	Address Date signed

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information earefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 6/y

CERTIFICATE OF DEATH

Site for town. Control Control	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
Street No. Citrural, give DOCATION	6 -1-1	
8. AGE: Years Menths Days If less than one day 19. Birthplace Commence of Actions of Commence of Comme		Street No. 20 2 miles Double
4. Sex 5. Color or race 8. (a) Single, marries, widowed, or divorced MEDICAL CERTIFICATION 20. DATE OF DEATH 21. I DERTIFY that death occurred on the date above vicine; that I attended deceased from 19. do not be determined by the deceased from the date above vicine; that I attended deceased from 19. do not be deceased from the date above vicine; that I attended deceased from 19. do not be deceased from the date above vicine; that I attended deceased from 19. do not be deceased from the date above vicine; that I attended deceased from 19. do not be deceased from the date above vicine; that I attended deceased from 19. do not be deceased from the date above vicine; that I attended deceased from 19. do not be deceased from the date above vicine; that I attended deceased from 19. do not be deceased from the date above vicine; that I attended deceased from 19. do not be deceased from the date above vicine; that I attended deceased from 19. do not be determined by the deceased from 19. do not be death above vicine; that I attended deceased from 19. do not be death above vicine; that I attended deceased from 19. do not be death above vicine; that I attended deceased from 19. do not be death above vicine; that I attended deceased from 19. do not be death above vicine; that I attended deceased from 19. do not be death above vicine; that I attended deceased from 19. do not be death above vicine; that I attended deceased from 19. do not be death above vicine; that I attended deceased from 19. do not be death above vicine; that I attended deceased from 19. do not be death above vicine; that I attended deceased from 19. do not be death above vicine; that I attended deceased from 19. do not be death above vicine; that I attended deceased from 19. do not be death above vicine; that I attended deceased from 20. DATE OF DEATH III and the death above vicine; that I attended deceased from 21. Learners that I attended deceased from 22. I (I attended from the death above vicine; that I attended decea	How long in hospital or institution?	
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8. (b) Hame of husband or wife. 7. Birth date of deceased (mo. day, yr.) 8. AGE: Vears Months Days If less than one day 9. Birthplace Contact Annual Contact Contac	4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
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10. Usual occupation 11. Industry or business 12. Name 13. Birthplace 14. Maiden name 15. Birthplace 15. Birthplace 15. Birthplace 16. Informant 16. Informant 17. Birthplace 17. Birthplace 18. Informant 19. Date thereof 19. County 19	34 / 23mln.	
12. Name	9. Birthplace (Town, county, and state)	
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Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide. Date of	15. Birthplace Commitsburg, And	
Address PHYSICIAN: Please underline the cause to which death should he charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide		
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Cemetery or crematory Location Location Address Means of Injury Where did Injury occur?	Busial Tel 11 1916	
Location Injured at home, farm, industry, public place (where?) 18. Funeral director Address Address 19. Feb 2 = 19. 46. M. F. Shuff 23. SIGNATURE. 24. D. or other	14 0.71	
18. Funeral director Address Address Means of Injury Injured at work? 23. SIGNATURE 19. Feb. 2 = 19. 46. M. F. Shuff 19. Feb. 2 = 19. 46	Cemetery or crematory	(City or town) (County) (State)
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Address Thursmost Month 23. SIGNATURE Morris Brief M. D. or other	18. Funeral director M. L. Lemann a Sont	Means of Injury Injured at work?
19. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	To the total	23. SIGHATURE Morris A. Burely M. D. D. or other
	19. (Date rec'd by registrar)	1-11-1

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1. PLACE OF DEATH: County	City or town. Sireet No. (If rurat, give LOCATION) 2. (a) if veteran, name war.
3. (a) FULL NAME	Kelly 3. (b) Social Security Number
4. Some S. Color or race S.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION 20. DATE OF DEATH 20. DATE OF DEATH 21. 1240 A
8. (b) Name of husband or wife	and that I last saw h 90 alive on 19.7.0 Immediate cause of death DUBATION
8. Birthplace Emmitshing Fields Company (Town, county, und atate) 10. Usual occupation	Due to Hypertensive cardio - reserved disease - sword year
11. Industry or business. Office Hame Hame Tuchall Hame T	Diber conditions (Include pregnancy within 8 months of douth)
14. Maiden name Marsorie Otto & Jak 15. Birthplace St anthony Fresh Ceu Ma 16. Informant Andrew Start Marson Start Marso	Major findings of operations. Date of op.
Address Date thereof Date thereof (Burial, eremation, or reportal, Which?) Bate thereof Date thereof (Day) (year)	PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
Location Complete Management Complete Manageme	Where did injury occur?
Address Month Market More Sharper 19. Head to 19. 44. More Sharper 19. Head to 19. 44. More Sharper 19. Head to 19	23. SIGNATURE W.R. ladle M.D. or other M.D.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 940

CERTIFICATE OF DEATH

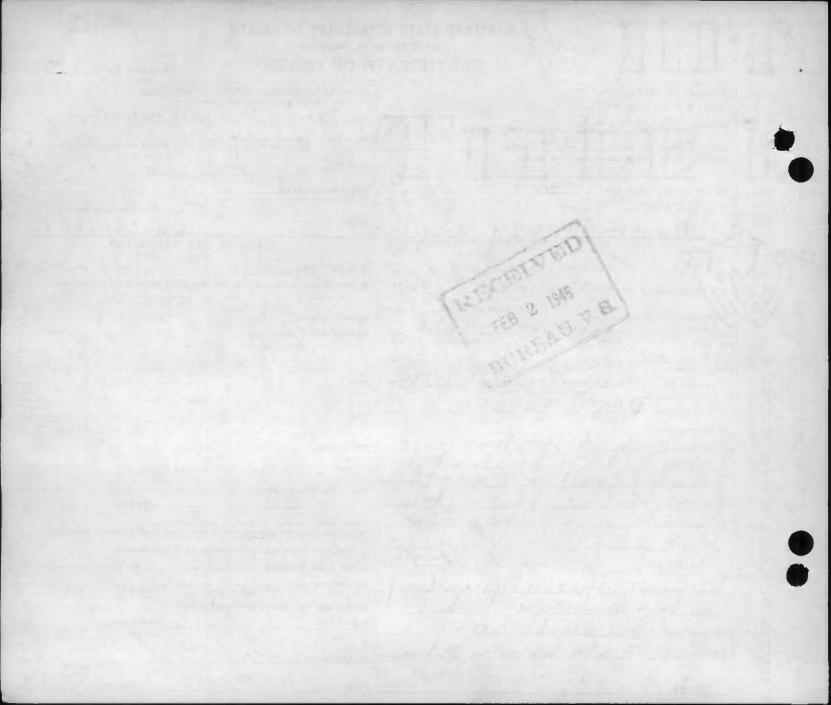
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1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infants give residence of mother) State
3. (a) FULL NAME	3. (b) Social Security Number
M. Lis Harry Marley	216-22-1837
4. Sex 5. Color or race 6.(a)Single, married, wildowed, or divorced	MEDICAL CERTIFICATION
Male white Married	20, DATE OF DEATH. Jan. 28 1946 81 2.45 19
6.(6) Name of husband or wite Catharine R. Kaplen	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of deceased (mo., day, yr.) December 21 1893	and that I last saw h. I. Q. aive on Jan. 28 19. 46 Immediate cause of death
8. AGE: Years Months Days It less than one day 52 / 7	Coroney reelim land
9. Birthplace Middlet worth adarial (Town, county, and atate)	Oue to
10. Usual occupation. PRY LABORER	Due to
11. Industry or business	
12. Name M. Luther Pepker 13. Birthplace Middle toon, Md.	Other conditions.
# 14. Maiden name Coclin Moople	(Include pregnancy within 8 months of death) Major findings of operations
15. Birthplace Middle town, trd.	Date of op.
16. Informant Callarine R. K. By Le M	Autopsy results
Address Middletown, Md.	
17. Burial, cremation, or removal. Which?) Date thereof (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the tollowing; Accident, suicide, or homicide
Cemetery or crematory Lutheray lowe tery	Where dld injury occur?
Location Mid dishoron, Md	Injured at home, farm, Industry, public place (where?)
18. Funeral director. Stadhill Co.	Moans of injury Injured at work?
Address Middle town, Ml.	23 SIGNATURE P.W. Ball
19. Jan 30 1946 Marie Gladbull (Opte rec'd by registrar) Registrar	Address Fredrick 12d Date signed 1.228.46

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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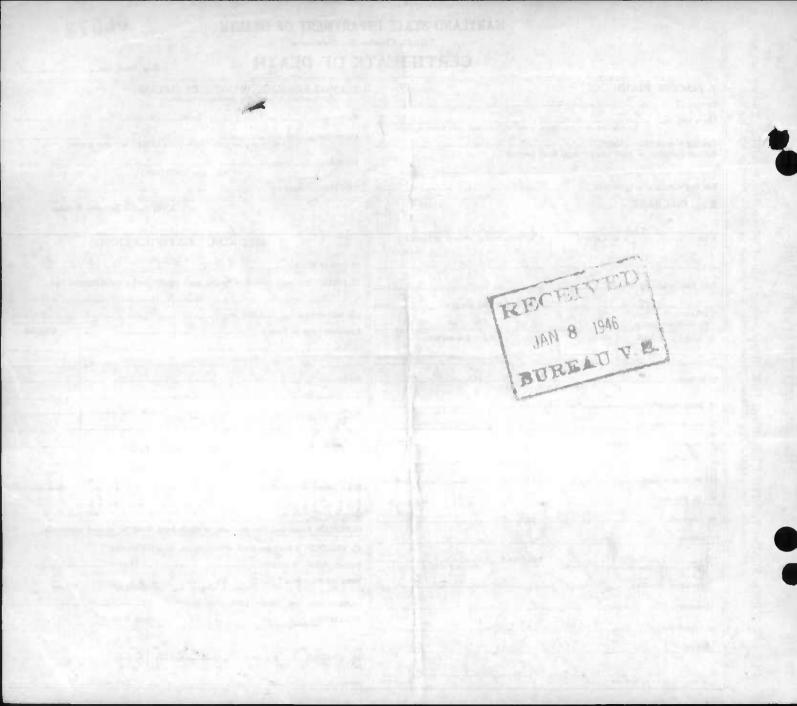
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

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Courty (It controlled city or town lightly, write RURAL and given exercent toylo) Recording in short light of death? Recording in short light of the state of t	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
The control of the state of the	County Taldungk	(For newborn lufants give residence of mother)
Street R	City or town Pural M. Ladeoburg	State County Add ACR
Street No. (If rural, givo LOCATION) Street No. (If rural description) Street No. (If rural descriptio		City or town Rural no. Ladelsburg
Stree 18		(If ontside city or town limits, write RURAL and give pearest town)
8. (a) Full NAME 3. (b) Social Security Number 3. (c) FULL NAME 3. (b) Social Security Number 4. Sex 5. Color or raph 6. (a) Single, married, widowed, or diverced 4. Sex 5. Color or raph 6. (a) Single, married, widowed, or diverced 4. Sex 5. Color or raph 6. (a) Single, married, widowed, or diverced 4. Sex 6. (b) Baine of husband or wide 8. (c) Hallee, give age 7. Birth date of deceased (mo., day, r.) 7. Birth date of deceased (mo., day, r.) 8. AGE: Years 8. AGE: Years 8. AGE: Tears 8. Modits 8. Part It less than one day 9. hrs. 10. Usual occupation. 11. Industry or husband. 12. Hanne. 13. Birthplace. 14. Maiden name. 15. Birthplace. 16. Indicate pregnancy within 8 months of death) 17. Birthplace. 18. Indicate pregnancy within 8 months of death) 18. Indicate pregnancy within 8 months of death) Major findings of operations. 19. Usual occupations. 11. Indicate pregnancy within 8 months of death) Major findings of operations. Date of ep. Autopsy credits. Physician requires. 11. Control of control of the following: (months) (vice) (vax) Whore did loby occur? (City or town)	nospital, institution, or street address where death occurred.	
3. (a) FULL NAME 4. Sex 5. Color or rays 6. (a) Single, married, viscowed, or divorced The state of the s		(If rural, givo LOCATION)
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8.(6) Name of husband or wife	4. Sex 5. Color or rape 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
8.(6) Name of husband or wife	I w married	Jan 4 16- 30
1. Birth date of deceased (mo. day, yr.) CAPUL & G. If alive, give age deceased (mo. day, yr.) CAPUL & G. If alive, give age and that I last saw h alive on	P 1 2 1 11 1.	
7. Birth date of deceased (mo., day, yr.) Cyfril 2 6 18 16 8. AGE: Years Moliths Days It less than one day 8. Birthplace (Town, county, and state) 10. Usual occupation Thomas Survival Complete (Town, county) and state (Town) and state	1	
18. High date of deceased (mo, day, yr.) Capail 36 8 9 If less than one day 8. AGE: Years Moditis 19. Usual occupation. 11. Industry or business 11. Industry or business 12. Name. 13. Birthplace 14. Malden name. 15. Birthplace 16. Informant 17. Birthplace 18. Informant 18. Due ta. 19. Usual occupation. 19. Usual occupation. 11. Industry or business 11. Industry or business 12. Name. 13. Birthplace 14. Malden name. 15. Birthplace 16. Informant 17. Birthplace 18. Informant 18. Industry or business 19. Usual occupation. Major findings of operations. Major findings of operations. Physicial organization, or removal. Which? Where did in lary occur? (City or town) (County) (State) 18. Funeral director. Address Walkers willer. Manner did in lary occur? (City or town) (County) (State) 19. Injured at home, farm, industry, public place (where?) Means et injury Injured at home, farm, industry, public place (where?) Means et injury Injured at home, farm, industry, public place (where?) Means et injury Injured at work?	5.(c) If alive, give age 73 years	
S. AGE: Years Moditis Bays II less than one day 8 9 II less than one day B. Birthplace	7. Birth date of	and that I last saw h
B. Birthplace		Immediate cause of death
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11. Industry or business 12. Name	10. Usuai occupation.	Bue te
12. Name School	11 Industry or husiness	P12 10
13. Birthplace Frederick D. 14. Malden name Lizzie Vingilia. Harried Major findings of operations. 15. Birthplace Fuellerick C. 16. Informant Ruffle Date thereof Major findings of operations. 17. Burnal cremation, or removal. Which? Date thereof Major findings of operations. 18. Fuel and the following: 19. Comparison of the following: 19. Comparison of the following: 19. Control of the follow	MI No 112 Paris	
14. Malden name	7 . 1 . 1 //2	Differ conditions
14. Malden name. 15. Birthplace 16. Informant Address 17. Burial (Burial, crematory Italian Compth) Location Location 18. Funeral director Address Walkensville Major findings of operations. Mutopsy results. PHYSICIAN: Please nuderline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide. Where did injury occur? (City or town) (Connty) (State) Injured at home, farm, industry, public place (where?) Means et injury Injured at work?		(Include pregnancy within 3 months of death)
Autopsy results. Autopsy results. PHYSICIAN: Please nuderline the cause to which death should be charged statistically. PHYSICIAN: Please nuderline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide. Where did injury occur? (City or town) (Connty) (Connty) (State) Injured at home, farm, industry, public place (where?) Means of Injury Injured at work?	= 14. Malden name Light Inguisa Harris	Mary Construction & Construction of the Constr
Autopsy results. Autopsy results. PHYSICIAN: Please nuderline the cause to which death should be charged statistically. PHYSICIAN: Please nuderline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide. Where did injury occur? (City or town) (Connty) (Connty) (State) Injured at home, farm, industry, public place (where?) Means of Injury Injured at work?	S 15 Birthniace	
Address Address Date thereof (month) (day) (year) Cometery or crematory. It also be a serious fill in the following: Location Date thereof (month) (day) (year) Where did injury occur? Conty) Conty) Injured at home, farm, industry, public place (where?) Means of Injury Address Walkens willed.	(D) / 2 / (-)	Date of op,
Address Add	16. Informant	
Date thereof (Burial, cremation, or removal, Which?) Date thereof (month) (day) (year)	Address Ladiesburg	
(Burial, cremation, or removal, Which?) (month) (day) (year) (City or town) (Connty) (Connty) (Connty) (Connty) (Connty) (Connty) (State) (Discremation, or removal, Which?) (City or town) (Connty) (Connty) (Connty) (State) (Discremation, or removal, Which?) (City or town) (Connty) (Connty) (Connty) (State) (Discremation, or removal, Which?) (City or town) (Connty) (Connty) (Connty) (Connty) (Address (City or town) (Connty)	12 Burial 1946	
Location	(Burial cremation or removal. Which?) (month) (day) (year)	Accident, suicide, or homicide
Location	Minister of Company Haus & Dewetery	Where did injury occur?
18. Funeral director		
Address Walkersville, Md.	Location AV: Design Street	
Address Walkersville, Md.	18. Funeral director	Means of Injury Injured at work?
	101-06 0.000 200) /+/,
M. D. or other	AM May	23. SIGNATURE
Date rec'd by registrar Registrar Address Address		10 0 -



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93-4)

2 USUAL RESIDENCE (HOME) OF DECEASED:

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH: Gounty Frederick	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
	Emodoni ele
City or town	st town) Frederick
How long in above place of death? 30 years	City or town (If outside city or town limits, writs RURAL and give nearest town)
Hospital institution, or street address where death occurred:	Street No. 258 West Fifth Street
258 West Fifth Street	(If rural, give LOCATION)
Now long in hospital or institution?	2.(a) If veteran, name war WOTIA WAI I
3. (a) FULL NAME	3. (b) Social Security Number
WILLIAM ARTHUR KLIPP	None
4. Sex 5. Color or race 6.(a) Single, married, widowed, or d	MEDICAL CERTIFICATION
M W W	20. DAKE OF DEATH January 30, 19 46 at 2:30A M
6.(6) Name of husband or wife Grace DeGrange	21. I BERTIFY that death occurred on the date above stated; that I attended deceased from
	1 VM 20 110 45 to 1 alex 30 104 to
7. Birth date of July 12, 1877	and that I last saw h. h. alive on
Becesses (mo., say, yr.)	Immediate cause of death
6. AGE.	
	min. MacNet Company
9. Birthplace High Knob-Frederick-Maryl (Town, county, and state)	and Oue to.
1D. Usual occupation. Retired	
	Due to
11. Industry or business	
E 12. Name Henry Klipp	
13. Birthplace Frederick County Mary	(Incinde pregnancy within 3 months of death)
14. Malden name Sarah Miss	
14. Maiden name Sarah Miss 15. Birthplace Frederick County Mary	and Bate of op.
16. Informant Mrs. Minnie M. McHenry	Autopsy results.
Address 258 W. 5th St., Frederick,	
1 /	22 VIOLENCE: If death was due to external causes, fill in the following:
17_Burial Date thereot 2/1/46 (month) (da	Accident, suicide, or homicide
Cemetery or crematory Mount Olivet Cemeter	Where did injury occur?
Cemetery or crematory	Injured at home, tarm, industry, public place (where?)
Location Frederick, Maryland	
18. Funeral director. M. R. Etchison and S	Son Meens of Injury Injured at work?
Address Frederick, Maryland	N. D.
00 0 . 0	23. SIGNATURE M. D. or other
19. 31 - Au 194 to Chicalette 3.	Registrar Address Frederick, Maryland Date signed 1/31/46



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 3300

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CERTIFICATE OF DEATH

		No. 137
D	Disa	N- (0)
Reg.	DIRE.	110.

1. PLACE OF DEATH: County City or fown (If ontside city or two fimits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred: How long in hospital or institution?	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infante give residence of mother) State M.C
3. (a) FULL NAME Hay mard Lease	3. (b) Social Security Number
4. Ses Nale 1. Scolor of race 1. Single, married, widowed, or divorced 1. Single, married, widowed, widowed, widowed, or divorced 1. Single, married, widowed, widowed, widowed, widowed, widowed	MEDICAL CERTIFICATION 2D. DATE OF DEATH. 21. I CERTIFY that death occurred on the date above stated; that attended deceased from 19.45 to 5.15 to 19.46 and that I last saw h. Mulalive on 5.15 to 5.15 to 19.15 to 19.
8. AGE: Years Months Days It less than one day Months S Months S Months S S Months Mont	Broncho-Preumonia 7 days Due to. Due to. Differ conditions. (Include pregnancy within 8 months of death) Major findings of operations.
16. Informant At Sew Forg Address Advision Foron 17. Juniob 18. Funeral director Fowell Thorpan 19. Funeral director Fowell Thorpan 19. Funeral diversity 19 46 19. Funeral diversity 19 46 Registrar Registrar	Actopsy results

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MARYLAND STATE DEPARTMENT OF HEALTH

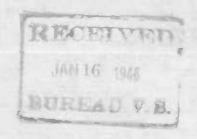
2411 N. Charles St., Baltimore 131-0

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CERTIFICATE OF DEATH

Reg. Diat. No...

1. PLACE OF DEATH: County City or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred: How long in hospital or institution? 3. (a) FULL NAME	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn iofants give residence of mother) State County City of Town. (If outside city or town limits, write RURAL and give nearest town) Street No (If roral, givo LOCATION) 2.(a) It veteran, name war. 3. (b) Social Security Number		
	lm Lease 213-12-7165a		
4. Sex S. Color or race S. (a) Single, married, widowed, or divorced **The state of the sta	MEDICAL CERTIFICATION 20. DATE DE DEATH 12 19.46 01 10.30 PM		
6.(6) Name of husband or wife Emma bliston Lease 6.(c) It alive, give age 7.2 years	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from		
7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days It less than one day	Immediate caose of death DURATION		
9. Birthplace Described (Town, county, and state)	He feitensurado Oosculos		
1B. Usuat occupation	Due to		
12. Name Post. E. Lease 13. Birthplace > rederich Ca Ind.	Dther conditions		
14. Maiden name many Sheetenhelm 15. Birthplace Frederick Co. Ind.	(Include pregnancy within 3 months of death) Major findings of operations		
16. Interment mus. Reuben 5. Leave	Antopsy results. PHYSICIAN: Please ooderlice the caose to which death should be charged statistically.		
Address Humanwelle 17. Buriel (Burial, cremation, as removal. Which:) Date thereof (month) (day) (year) Cemetery or crematory Central Cemetery	22. VIOLENCE: tt death was due to external causes, fill in the following: Accident, suicide, or homicide		
Cemetery or comstany Central Cometary	Where did injury occur?		
18. Funeral director. C & Chine + Com	Means of Injury Injured at work?		
19. 15 - You 19.4 & Elizabeth & Hech. (Dato rec'd by registrar) Registrar	23. SIGNATURE M. D. or othor Address Und Date signed on 15, 44		



MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 4

CERTIFICATE OF DEATH

00577

CERTIFICAT	E OF DEATH Reg. Dist. No. JT
1. PLACE OF DEATH: County Cily or town	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants five residence of mother) Slale
3. (a) FULL NAME alberta L. Meadows	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced 6.(b) Name of husband or wife 5. Color or race 6.(c) Single, married, widowed, or divorced 6.(b) Name of husband or wife 5. Color or race 6.(a) Single, married, widowed, or divorced 6.(b) Name of husband or wife 5. Color or race 6.(a) Single, married, widowed, or divorced 6.(b) Name of husband or wife 5. Color or race 6.(a) Single, married, widowed, or divorced 6.(b) Name of husband or wife 5. Color or race 6.(a) Single, married, widowed, or divorced 6.(c) If elive, give age years years	MEDICAL CERTIFICATION 20. DATE OF DEATH. 21. I CERTIFI hat apath occurred on the date above stated; that rattended deceased from 19. 19. 19. 19. 19. 19. 19. 19. 19. 19.
11. Industry or business 12. Name	Other conditions (include pregnancy within 3 months of death) Major findings of operations. Date of op.
Address Frederick City Mary Lond 17 (Burial, cremation, or removal. Which?) Cemetery or crematory Location 18. Funeral director Address Mary Lond (month) (day) (year) Location 19. Funeral director Address 10. Address 10. Address 10. Address 10. Address 11. Address 12. Address 13. Address 14. Address 15. Address 16. Address 17. Address 18. Funeral director 19. Address	PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide

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FEB 2 1946

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 178-6 CERTIFICATE OF DEATH

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	111	2 5	7703	1
Reg	Dia	L. N	O JEC	

1. PLACE OF DEATH: County Frederick City or the Frederick (If ontoide city or town limits, write RURAL and give nearest town) How long in above place of death? 2 Years Hospital, institution, or street address where death occurred: 463 West South Street How long in hospital or institution? 3. (a) FULL NAME CLARENCE WILMER MENTZER				Street No. 463 West Sout	ounty Prederick its, write RURAL and give nearest town)
4. Seg	5. Color or race		.married, widowed, or diversed	II MEDICAL (CERTIFICATION
М	W	S			
7/1	1 47	1 5		20. DATE OF DEATHJanuar	y 20, 19.46 11:45A
6.(b) Name of husban	or wife	******************	***************************************	21. I CERTIFY that death occurred on the date a	- market and the same and the s
7 01 to Jata of	***************************************) If alive, give ageyears	and that I last saw him DWAD	January 20. 1946
deceased (mo., day		ber 24	, 1943	Immediate cause of death	
8. AGE: Yea		Days	tfless than one day	Carbon monoride fi	
		26	hrsmin,		
1D. Usual occupation	Infan	t t		Due to	
12. Name	lvin E. Frederi	Mentze ck Cou	er unty Maryland	Other conditions	
	Mildre	d Best		(Include pregnancy within	months of desth)
14. Maiden name			inty Maryland	Major findings of operations	
Ma	s. Middr				Date of op
TO. MINIMARK		******************	Frederick, Md.	PHYSICIAN: Please underline the cause to	which death should be charged statistically.
1 Buria	Mount	Date there	- / /	22. VIOLENCE: If death was due to external c Accident, suicide, or homicide, Accident Where did injury occur? Accident (City or town) Injured at home, fagm, industry, public place (Date of Jen-20, 946 J. Malluck M. J. (County) (State)
Locatioo	***********************	•••••		Means of Injury Overene by Sus	(where?) (to fund find the fund find the fund find the fund find the fund the fu
1B. Funeral director.			on and Son	A .	Donuty Madiaal
Address	F'reder		laryland	32 SIGNATURE Bernard O. Klis	ausok. Examiner
19. 21 - 00. (Date rec'd by r	19.14.6 egiatrar)	<u> </u>	izalite y Heck	20. 5100010112	M. D. or other yland Bate signed 1-21-46

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

		00	5	79
女	Reg.	Diet.	No	131

1. PLACE OF I	alo como ho			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
County	Prodomina			State Maryland County Frederick		
City or town	(If outside city or town limits, write RURAL and give nearest town)			Frederick		
How long in above of	How long in above place of death? Life			(If outside city or town limits, write RURAL and give nearest town)		
Hospital, institution,	or street address where	death occurred	:	Street No. 451 West Patrick Street		
451 Wes	st Patrick	Stre	et	(If rural, give LOCATION)		
How long in hospita	l or institution?		***************************************	2.(a) If veteran, name war		
3. (a) FULL NA	ME			3. (b) Social Security Number		
, ,	VIOLA N	IAY MO	BERLY	None		
4. Sex	5. Color or race	6.(a)Singh	mazzied, widowed, or diversed	MEDICAL CERTIFICATION		
F	W		W	20. DATE OF DEATH. January 28th, 1946 at 4:30P		
e (b) Name of hughs	Georg	е Н.	B. Moberly	21. I CERUFY that death occurred on the date above stated; that pattended deceased from		
				8 an 1 19 4 10 Jan 2 5 19 4 9		
7. Birth date of	June I		c) If alive, give ageyear:	and that I last saw here on a January 28th 18 46		
deceased (mo., da	17: 71:07			Immediate couse of death & ereleval hemoretage DURATION,		
0	ears Months	Days	If less than one day	1 Smufee		
	62 7	17	hrsmln.			
a Risthalaca	rederick-I	reder	ick-Maryland	Bue to Prherio polirace sylan		
	(IOWH,	conney, and a	state)			
10. Usual occupation	At Hon	ne		Que to		
11. Industry or bust	ness			DEC (V		
	eorge A. I	Roelke		Dither conditions		
13. Birthplace	177 - 7 - 9 - 7	Coun	ty Maryland			
			0	(Include pregnancy within 3 months of death)		
至 14. Maiden na	me Wary oar	re / Ta	st name unknow	Major findings of operations.		
15. Birthplace	Frederick	c Coun	ity Maryland	Date of op.		
19 Informant	Mrs. Loren	nza E.	st name unknow ty Maryland Kline	Antoney results.		
			., Frederick,	RHYSICIAN: Please underline the couse to which death should be charged statistically.		
		•		22. VIOLENCE: If death was due to external causes, fill in the following;		
17 Buri	a l	Date there	(month) (day) (vear)	Accident, euicide, or homicide		
(Burial, cremat	Mount.	Olive	et Cemetery	Where did injury occur?		
Cemetery or exem						
Location			Maryland	Injured at home, farm, industry, public place (where?)		
1B. Funeral directo	M. R.	Etchi	son and Son	Means of Injury Injured at work?		
		oick.	Maryland	The man of the state of the sta		
Address	-10401	01	1 D A. A.	23. SIGNATURE		
10 29-	au 19 H 6	6	Galeth J. Herla	Frederick, Maryland Pate signed 1-29-46		
(Date rec'd by	registrar)		Registra	Address Frederick, Maryland Date signed 1-29-46		



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 3.4

CERTIFICATE OF DEATH

	. 00	58047
4	Reg. Dist.	No

Mt. Air	V		(For newborn infanta give residence of		
	J		State Maryland County Frederick		
reet addresa where a	death occurr	ed:	City or town		
	FR	ANCIS E. MULL		3. (b) Social Security Number	
5. Color or race			MEDICAL C	ERTIFICATION	
White	Ma	rried	20 DATE OF OFATH COMME AND	23 .46 . 12'15	
Gertr	ude	E.Mullinix			
	e	(c) If all the place 79	December 11	45 to Jan 2 3 1946	
7			and that I last eaw h	onesty 22 1946	
Months O	0ays	THE RESIDENCE OF THE PARTY OF T	Immediate cause of death Or	etoris da	
Tarmer Charles Poll	Mary Mary Mary Mary	tired) tired) Mullinix land enn land . Mullinix	(Include pregnancy within 3 Major findings of operations	radiles 4 yre months of death)	
Howar Corner,	Bate the cd Ch Howar C. M. Win	1-26-46 apel (month) (day) (year) apel d Co.Md. Waltz	22. VIOLENCE: If death was due to external car Accident, euicide, or homicide	(County) (State)	
	John the White Gertry of Control	reet address where death occurrent institution? FR. 5. Color or race 6.(a)Sion White Ma Gertrude Wife Gertrude White Gertrude Wife Gert	FRANCIS E. MULLI 5. Color or race White Married Gertrude E. Mullinix Wife S. (c) If allve, give age 79 Jan. 16, 1865 Months O 7 Ard Co. Maryland (Town, county, and state) Farmer (retired) Charles T. Mullinix Maryland Polly Penn Maryland Gertrude E. Mullinix Maryland Polly Penn Maryland Gertrude E. Mullinix Mt. Airy, Md. 1 Date thereof. (month) (day) (year) Howard Chapel Corner, Howard Co.Md. C. M. Waltz Winfield, Md.	reet address where death occurred: Street No	

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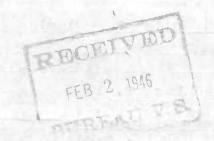
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 182

CERTIFICATE OF DEATH

Reg. Dist. No. 154

Frede	1. PLACE OF DEATH: Frederick			2. USUAL RESIDENCE (HOME) (For newborn Infants give residence of	f mother)	
County	nmitshiiro	a Md.	***************************************	State Maryland co	Frederick	
(lf c	outside city or town li	mits, write R	URAL and give nearest town)	I was taken a Md		
	of death?		2 days	(If outside city or town limi	ts, write RURAL and give near	est town)
			*****	Street No. (If rural, giv	e LOCATION)	
How long to hospital o	r tnstitution?			2.(a) If veteran, name war		
3. (a) FULL NAM	Ē				3. (b) Social Security N	umber
Thor	nas Lee M	yers			None	
4. Sex	5. Color or race	6.(a)Single	, married, widowed, or divorced	MEDICAL C	ERTIFICATION	
Male	hite	9	ingle	20. DATE OF DEATH January	26 19.4.6	+ 7 Q M
				21. I CERTIFY that death occurred on the date at		
	or wife			lau , 24 - 19	46 to Jan 7	6 . 18 46
7. Birth date of) If alive, give ageyears	and that I last saw halive on?	w - 25-	18.46
deceased (mo., day,)		0 194	5 I If less than one day	Immediate cause at death		DURATION
8. AGE: Years	months	2	hrs. min.	accidental &	uffecalin	
Ge	ttysburg,	~	is County, Pa.	al a familia	ours our	***************************************
8. Birthplace		county, and s		Due to.	· Sucrete	**************************************
10. Usual occupation		•••••	***************************************	Bus to		
11. Industry or busines	\$			and to		
当 12. Name 1	lliam C.			Other conditions		***************************************
12. Name	Emmitsbur	g, Md	•	(Include pregnancy within 3		
当 14. Maiden name.	Ruth Dam	nuth				
14. Maiden name.		ont,	Md.	Major findings of operations		
~	t. A.	97		Autopsy results		
16. Interment	Y I I	-0	- >	PHYSICIAN: Please underline the cause to		atistically.
Address	munit	/	7 00 3040	22. VIOLENCE: If death was due to external co	auses, fill in the following:	
17. Bur 18.	, or removal. Which?)	Date there	(month) (day) (year)	Accident, suicide, or homicide	Date of	
				Where did injury occur?(City or town	(County)	(State)
	mitsburg,			Injured at home, farm, industry, public place (
1	1 1	17/11	ison	Means of lojury	tnjured at work?	
10	- i tahuna	200	-	1	11 101 1.	λ
Address E.M.	mitsburg,	AGCI .	n/ 208 11	23. SIGNATURE Lange	Villago W. D. of	N
19. Han	27 1946	2.	1.1. Dull	Envita	2. 10	-26. 46
Dete rec'd by re	gistrar)		Jeytrar J	Address		





2411 N. Charles St., Baltimore 93-4)

06582

CERTIFICATE OF DEATH

Reg. Diat. No. 131

1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn in that a give pesidence of mother) State County 1 City or the County 1 City or the City or town limits, write RURAL and give nearest town) Streel No. (If rural, give LOCATION) World Harry I
How long in hospital or institution?	2.(4) [1 reteran, name wat
3. (a) FULL NAME Mether Columber	None 3. (b) Social Security Number None
4. Sex School S. Color or race 6.(a) Single, married hidowed, or different Sugle 6.(b) Name of husband or wife	MEDICAL CERTIFICATION 20. DATE DF DEATH. 21. (CENTIFY that death occurred on the date above stated; that attended deceased from
7. Birth date of deceased (mo., day, yr.) October 20, 1894	and that I tast saw to the on the same on the same of
8. AGE: Years Months Bays If less than one day	Immediate cause of death Compactive heart Pailure: Ana- 1 year savea: Ascites Due to Arterio-sclerotic Cardio-Vascula 5 years. disease
1D. Usual occupation	Due to
12. Name Delver Marland	Diher conditions
14. Malden namellar totte Weekeryst	(Include pregnancy within 8 months of death) Major findings of operations.
16. Information of the state of	Antopsy results.
Addrew Tuesage hay Hors. Trederich Skd.	PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fift in the following:
Date thereof 2/2/46 (Burial, eremetic, assertion, assertion) Della Cemetery	Accident, suicide, or homicide
Cemetery or seematory:	Where did injury occur?
Location Greenfield-Buckeystown, Md.R.F.J	Injured al home, farm, industry, public place (where?)
18. Funeral director. M. R. Etchison and Son	Means of Injury Injured al work?
Address Frederick, Maryland	23 SIGNATURE 13-O. Memos Jr. M.D.
19.1- Felt 19.4.6 Elizalett 4. Hech. (Date rec'd by registrar) Registrar	M. D. or other Address Frederick, Maryland Date signed 1-31-46

FEB 2 1946 BUILDAR DE

Evidence age & dat is shown	e of l	oirth o	of dece
1. PLACE OF	DEATH:	Fred	lerick
City or townS	tate	Sana to	nits, write RURA

ARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 13-

CERTIFICATE OF DEATH

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Reg.	Dist.	No.	1	27	

CLICITICA	Reg. Diat. No.		
1. PLACE OF DEATH: Frederick	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
City or town. State Sana to rium, Maryland (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Since 1/10/46 Hospital, institution, or street address where death occurred: Maryland Tuberculosis Sana to rium	State Maryland Baltimore City or town Fullerton (If outside city or town limits, write RURAL and give nearest town) Street No. 4214 Cardwell Aye.		
How long in hospital or institution? Since 1/10/46	(If rural, give LOCATION)		
3.(a) FULL NAME Ella R. Nunnelley	3. (b) Social Security Number		
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Female White Married	20. DATE OF DEATH January 16 19.46 at 9:45Am		
6.(b) Name of husband XXXX James T. Nunnelley, Sr.	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from January 10 19.46 to Jan. 16 19.46		
7. Birth date ot deceased (mo., day, yr.) ? Jan. 29. 1900	and that I last saw her alive on Jan uary 16 19 46		
8. AGE: Years Months Days If less than one day	Pulmonary Tuberculosis DURATION 10 Mos.		
but 45 ? ? ?hrsmin.			
9. Birthplace	Due to		
11. Industry or businese	DUC 10		
12. Name	Dither conditions		
	(Include pregnancy within 3 months of death)		
14. Malden name ?	Major findings of operations.		
15. Birthplace	Date of on		
18. Informant James T. Nunnelley, Jr. (son)	Autopsy results		
Addrese State Sanatorium, Maryland 17. Junial Company (Maryland (Maryland) (22. VIOLENCE: It death was due to external causes, till in the tollowing; Accident, eulcide, or homicide		
Cemetery or crematory Multiture	Where did injury occor?		
Location And Locat	Injured at home, tarm, Industry, public place (where?) Means of injury Injured at work?		
18. Funeral director M. L. Creager & Sont Address (Thurmont, Mary Ian d)	2/1/		
Address (Thurmont, Mary Ian a	23. SIGNATURE M. D. DOOGONGK		
19. (Date rec'd to registrar Registrar	Address State Sanatorium, Md. Date signed 1/16/46		

RECUIVED

JAN 24 1946 BUREAU V.E.

alo trabans

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

00584

CERTIFICATE OF DEATH

Reg. Dist. No.139.

1. PLACE OF DEATH: County				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State		
3. (a) FULL NA	Of Institution 1			2.(a) If veteran, name war		
	rtin H. N	unnin	ger		3. (b) Social Security 215-05-51	
4. Sex	5. Color or race		e, married, widowed, or divorced	MEDICAL CE	RTIFICATION	
Male	White	Si	ngle	20. DATE OF DEATH January 12	2 19 46	5 7:45A
6.(6) Name of husband or wife			21. I CERTIFY that death occurred on the date above stated; that I attended deceased from September 13 19.45 to Jan. 12 19.46 and that I last saw h im all ve on January 12 19.46 Immediate cause of death DURATION			
o. Aca.	Months 5	Days 22	It less than one day	Pulmonary Tubercu	losis	7 Mos.
9. Birthplace Jersey City, N.J. (Town, county, and state) 10. Usual occupation Marine Engineer 11. Industry or business				Tuberculous Menin	gitis	2 Wks.
12. Name Martin Nunninger 13. Birthplace France				Dther conditions		
				(Include pregnancy within 3 m		
Anna Remke 14. Maiden name Jersey City, N.J.				Major fiediogs of operations.		
16. Informant Deceased Address 17. (Burial, cremation, or removal. Which?) Cemetery or crematory. (Burial, crematory. (Bur				Antopsy resolts		
				22. VIOLENCE: If death was due to external caus Accident, suicide, or homicide Where did injury occur?	(County)	(State)
18. Funeral director. M. L. Creager & Son Address Thurmont, Mary land 19. (Dafe rec'd by registrar) Registrar			State Constantu	Injured at work? M. D M. D M. D M. Date signed		

The same of the sa BUREAU V N

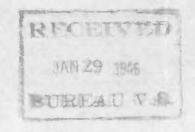
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore /3-6

00585

CERTIFICATE OF DEATH

	Reg. Dist. No.
City or town. (If outside city or town limits, write RURAL and give nearest towo) How long in above place of death?	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
Hospital, Institution, or street address where death occurred. Many Care Lands Institution or street address where death occurred.	Street No. (1f rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3.(a) FULL NAME Eva R. Pyles	3. (b) Social Security Number
Female white Married married	MEDICAL CERTIFICATION 20. DATE DE DEATH PARAMETER 27 19.46 at 10:25 Fm
8,(b) Name of husband or the Tracy Public Street St	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of deceased (mo., day, yr.) Oct. 17, 1912 8. AGE: Years Months Days If less than one day	and that I last taw how alive on the state of the state o
33 3 10hrsmin.	Outside Miller Might Sest the action of the colored The year
1D. Usual occupation. (Towo, county, and state)	Pulmonary Hemorrhage Few munites
11. tndustry or business 12. Name	Dther conditions
13. Birthplace Congress W. Va.	(Include prognancy within 3 months of death) Major findings of operations.
\$ 15. Birthplace Kingwood W. Va.	Date of on.
16. Informant Weeds Address	Aotopsy results
17. Buttal. (Burial, cremation, or removal. Which?) Date thereof. (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, eulcide, or homicide
Location This word W. Va	Where did injury occur?
18. Funeral director. M. L- Creage + Son	Meens of Injury Injured at work?
Address 19	23. SIGNATURE M. D. oc. 1970 Address State Sandruin M. D. oc. 1970 Address State State Sandruin M. D. oc. 1970 Address State Stat



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

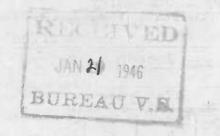
			٦	20
Reg.	Diat.	No.		.27

1. PLACE OF DEATH: Frederick	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants giva residence of mother)
City or town State Sana to rium, Mary land (If outside city or town limits, write RURAL and give nearest town)	State Maryland County St. Mary's
(If outside city or town limits, write RURAL and give nearest town)	City or town Calloway (If ontside city or town limits, write RURAL and give nearest town)
How long in above place of death? Since 1/12/46 Hospital, Institution, or street address where death occurred:	(If ontside city or town limits, write RURAL and giva nearest town)
Maryland Tuberculosis Sana tori um	Street No
How long in hospital or institution? Since 1/12/46	2.(a) It veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Mary Leona Raley	None
4. Sex 5. Color or race 8.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Female White Married	20. DATE OF DEATH January 17 1946 1 12:45
8.(b) Name of husband xxx Joseph M. Raley	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
8 (a) M aller also 25	January 12 19 46 10 Jan 17 19 46
7. Birth date of deceased (mo., day, yr.) 8/23/1925	and that I last saw halive on
	Immediate cause af death
8. AGE: Years Months Days It less than one day 25	Pulmonary Tuberculosis 9 Mos.
9. Birthplace Cedar Point, Md.	Due to.
(Town, county, and state) Housewife	
10. Usual occupation	Oue to
11. Industry or business	
12. Name Allen Norris	Other conditions
13. Birthplace St. Mary's Co., Md.	(Iacluda pregnancy within 3 months of death)
14. Malden name Agnes Pilkerton 15. Sirthplace Cedar Point, Md. Joseph M. Raley (Husband)	
Ceder Point Wd	Majar findings of operations.
Togen h W Deleve (Muchand)	Date of op
16, Informant	PHYSICIAN: Please underline the cause ta which death should be charged statistically.
Address Calloway, Md.	
Burial, cremation, or removal. Which?) Date thereot (day) (year)	22. VIOLENCE: It death was due to external causes, till in the tollowing: Accident, suicide, or homicide
1 4/-///-	
Cemetery or erematory.	Where did injury occur?
Location Reg & MOBBO Mai	Injured at home, farm, industry, public place (where?)
18. Funeral director to the Francisco TUS Wattinglyon	Mesns of injury injured at work?
y some in no IX A Kend for	Vh /
Address Address Harman Maria M	23. SIGNATURE M. D. MADELLE M. D. M. D. MADELLE M. D. MADE
19. (Date for the preprint of the second of	State Sanatorium, Md. note olered 1/17/46
Registrar	Address DVC VC DCIIC VC I LUII A IVIL A Rais signed 1 / 1 / / / / /

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

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no management



2411 N. Charles St., Baltimore

00587

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (Fur newboru infants give residence uf mother)	
County Frederick - Frederick - Rune 1	State Maryland County Frederick	
Frederick-Rural (If outside city or town limits, write RURAL and give nearest town) How long in above place of death?	Frederick-Rural R.F.D. 45	vn)
Hospital, Institution, or street address where death occurred:	Braddock	
Emergency Hospital	(If rural, give LOCATION)	
How long in hospital or institution? 3 Weeks	2.(a) If veteran, name war. None	
3. (a) FULL NAME	3. (b) Social Security Number	r
WILLIAM RICHARDSON	None	
4. Sex 5. Color or race 6.(a) Single, married widowed, or diverced	MEDICAL CERTIFICATION	
M colored Deingle -	20. DATE OF DEATH January 9th 19 46 20 15	
8.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I ettended deceased from	*
7. Birth date of	and that I last saw h alive on 5 am 9, 1946	90
deceased (mo., day, yr.) Other 8-1861		UR
8. AGE: Years Months Days If tess than one day	Broncho-Pueumonia	
84 3 8ns.		****
The Second of the	Que to.	
9. Birihplace	Due tu	
1D. Usual occupation	Pro te	
11. Industry or business Alana Venda	DUS 10	
12. Hame William H Richardson	Ditter conditions Arterio-scleratic Heart Disease	
¥ 13. Birthplace		
	(Include pregnancy within 3 months of desth)	
14. Maiden name house leastin	Major findings of operations	
₹ 15. 8irthplage	Date of op.	•••••
16. Informant C. Cudicaldson	Autopsy results.	
Address Noulean n.	PHYSICIAN: Please underline the cause to which death should be charged statistics	11 11 3
Q . 0 1 1 1 1 1 4 1	22. VIOLENCE: If death was due to external causes, fill in the following:	
(Burial, cremation, expended, Which?) Date thereof (month) (day) (year)	Accident, euicide, or homicide	
Cemetery or oromatory & Carmer Canadan	Where did injury occur?(City ur town) (County) (State	····
7 0 7 0	Injured at home, farm, Industry, public place (where?)	
Location A D THE		
18. Funeral director M. R. Etchison and Son	2 /	
Address Frederick, Maryland	23. SIGNATURE 13.0. Humas Jr. M. D.	
111 Co. 111 EP. D. DA Q H. C.	M. D. or uner	
(Date rec (by registrar) (Date rec (by registrar) Regist	rar Address Frederick, Maryland Date signed 10-	. 1

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Jan. 10'46

JAN 15 1946
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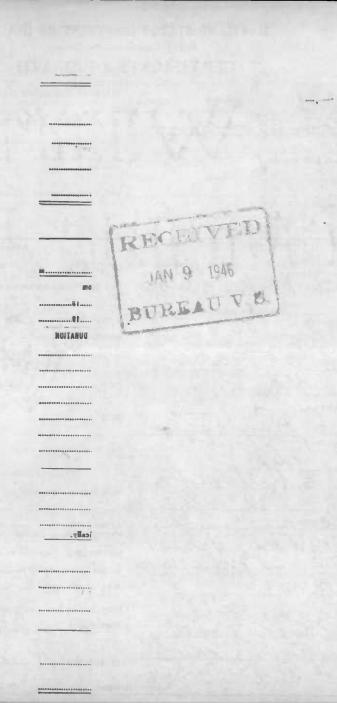
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore /700

CERTIFICATE OF DEATH

01.588 Reg. Dist. No. /34

1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infantygive residence of mother) State County C
3. (a) FULL NAM George Raymond &	auble 3. (b) Social Security Number
8.(b) Name of husband or wife Ruth Koons Sauble	MEDICAL CERTIFICATION 2D. DATE OF DEATH
7. Birth date of decessed (mo., day, yr.) 4. 3 / 90 5 8. AGE: Years Months Days It less than one day	and that I last saw h/17 alve on January 3 19 6 19 Immediate cause of death DURATION
9. Birthplace	Due to.
10. Ilsual occupation	Due to
12. Name Jerry Rand Rand Reifsnider 14. Malden name Prene & Reifsnider 15. Birthplace	(Include pregnancy within 3 months of death) Major fiadiogs of operations
16. Informant Ruth Koons Saulle Addrass Janey town Mil.	Autopsy results
17 Our al Bate thereof ON 5, 1946 (Burial, cremation, or remove Which?) Cemelery or crematory tutheran	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
Location January town MA 18. Funeral director 6. Of Truss V Son	Injured at home, farm, industry, public place (where?) Meens of Injury Meens of Injury Meens of Injury Meens of Injury
Address Taneytown, Ind. 19 Jan 5; 19 4 6 athel M. Meliny Registrar)	23. SIGNATURE P. W. Barry Ex. M. D. or other Address Tredust M. Date signed 4.3. X.6



VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

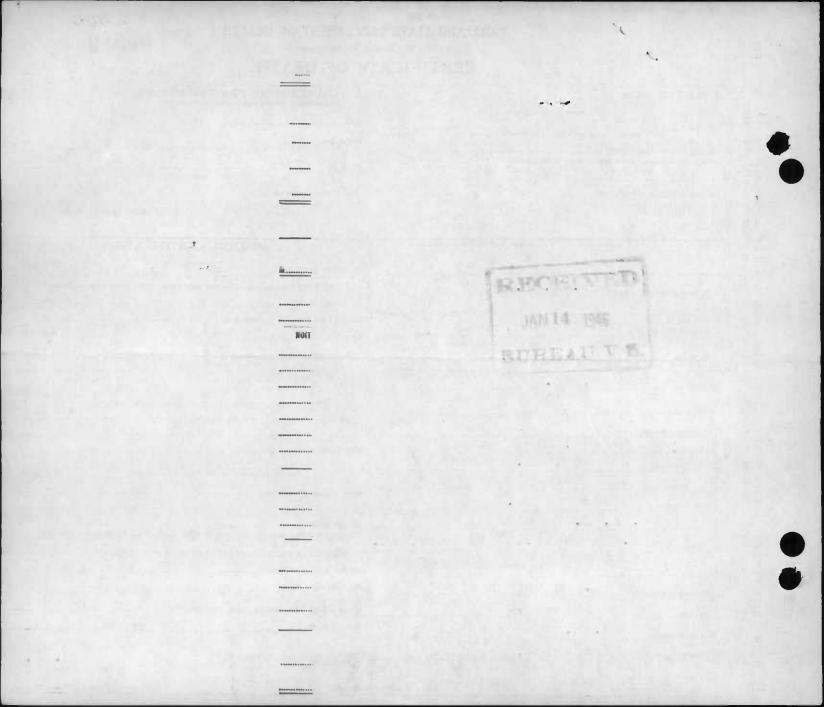
2411 N. Charles St., Baltimore 6.

00589

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Maryland County Frederick		
	County Frederick 7					
City or town limits, write RURAL and give nearest town) How long in above place of death?			IDAT and also account towns			
				City or town (If outside city or town limits, write RURAL and give neare	st town)	
How long in above place Hospital, Institution, or	of death?	dealh occurred	•	#2 East Third Street	50 WHI)	
Freder	ick City	Hospi	ital	Street No. (If rural, give LOCATION)		
	· · · · · · · · · · · · · · · · · · ·	6 Hour		None		
How long in hospital or	institution:		b. W.	2.(0) II veteran, name wat		
3. (a) FULL NAM!				3. (b) Social Security No	umber	
	RUTH	SWEAT	SCHMID	None		
4. Sex	5. Color or race	6.(a)Single	, married, wi dowed, or divorced	MEDICAL CERTIFICATION		
F	W		M	20, DATE OF DEATH January 10, 19 46	2:45Am	
6.(b) Name of husband	Dr.	E. I.	Schmid	21. I CERTIFY that death occurred on the date above stated; that I attended decease		
6.(b) Name of husband	or wife		00141114	Van 9 1045 10 9 mu	9 10 46	
0.000		6.(c) If alive, give age	and that I last saw h. S. alive on	19 4.6	
7. Birth date of deceased (mo., day,)	Marramh	er 18	, 1883	Immediate capse of death A cuts Caudiac	DURATION	
8. AGE: Years		Days	If less than one day		1 bour	
62	1	22	hrsmin.		3000	
9. BirthplaceLa	trobe. M	0.		(1,1 Qued	3 50%	
9. Birthplace	(Town,	county, and s	tate)	Due to	S. Sweey.	
	At Ham	е	***************************************	***************************************	f	
10. Usual occupation	*************************		***************************************	Due to		
11. Industry or busines	\$	C				
12. Name	liver B.		<i>y</i>	Other conditions		
13. Birthplace	Latrobe					
25	Elizabe	th May	Read	(Include pregnancy within 3 months of death)		
14. Maiden name	Tathah	a Bra		Major findings of operations		
				Date of op		
18. Informant Dr	. E. L.	Schmid	1	Antopsy results		
Address #2 E. Third St., Frederick, Md.			Frederick. Md	PHYSICIAN: Please underline the cause to which death should be charged st	atistically.	
				22. VIOLENCE: if death was due to external causes, fill in the following:		
Burial Quie thereof 1/12/46 (month) (day) (year)				Accident, suicide, or homicide		
(Burial, eremation	, or removal. Which?	ohna (Cometant			
Cemetery or seematory. St. Johns Cemetery			JOINE POT A	Where did injury occur?		
Location	Frederick, Maryland			Injured at home, farm, Industry, public place (where?)		
	M B		ison and Son	Means of injury Injured at work?		
18. Funeral director		*****************				
Address	Frede	rick,	Maryland	N.w Bar	M. D.	
00		CI). 1 An 411 . ch	M. D. or	other	
19. 10 - 100	19.4.6		Malvella U. Terra	Address Frederick, Maryland Oate signed	-10-46	



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charlee St., Baltimore (159)

CERTIFICATE OF DEATH

M				121
	Reg.	Diat.	No	101

1. PLACE OF DEATH: Frederick				2. USUAL RESIDENCE (HO	OME) OF DECEASED:	
City or test				State Maryland	County Frederick	
				City or town Frederick (If outside city or town limits, write RURAL and give nearest town) Street No. 182 Whisner Street (If rural, give LOCATION)		
Now long in hospital or		lays		2.(a) 11 veteran, name war	None	
3. (a) FULL NAME	DEL	MAS MO	NROE SCHROYER,	Jr.	3. (b) Social Security Number	r
4. Sex Male	5. Color or race White		e, married, widowed, or divorced		ICAL CERTIFICATION	
	1			20. DATE DF DEATH	inuary 2nd. 1946, 16	12:0A. M
6.(b) Name of husband	or wife	• • • • • • • • • • • • • • • • • • • •	***************************************		n the data above stated; that t ettended deceased from	
		6.(e) I1 elive, giva ageyea		1945 to Jac. 3	
7. Birth date of deceased (mo., day, y			th. 1945	and that I last sew h & alive	on I sear . It	
8. AGE: Years		Days	It less than one day		70	DURATION
STATISTICS.	ALC: UNK	1 4				
Fr	ederick C	ounty M	arvland		The The thinks of the book of the book of the second	**************
9. BirthplaceFr	(Town	connty, and	itate)	. Pue to	*****	/000000000000000000000
10. Usual occupation	Infant	••••••		. Due to)*************************************
11. Industry or business				pug tu	***************************************	
当 12. Name	Delmas	Monroe	Schroyer	Dther conditions		
12. Name	Freder	ick, Md	•			
Maiden some	Gloria	Swanso	on '	(Include pregnan		
14. Maiden name	Pennsy.		······································			
	elmas M.		20		Bate of op	
101101111011110111111111111111111111111	-			PHYSICIAN: Please underline the	cause to which death should be charged statistic	ally.
			rederick, Md.		o externel causes, fill in the following;	
Burial, cremetion,	or removal, Whichit	Date there	Jan. 3-1946 (month) (day) (year)		Date of	
			Cemetery	Where did injury occur?(Ci	ty or town) (Connty) (State	e)
Location	Location Frederick, Md.			Injured et home, ferm, Industry, put	blic place (where?)	***************
18. Funeral director	C.E.C	line an	d Son	Meens of Injury	Injured et work?	
Address	Freder	rick. N	id.	18	1720	
19. 8 Jan. (Date rec'y by reg	19 4 (sistrar)	30	is abeth y Heck	23. SIGNATURE Address Malerick	M. D. or other	7 6

H) MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct ago is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 1

RECEIVED BUREAU V S. The correct

information carefully of death clearly and every item of ite the causes IARGIN RESERVED FOR BINDING C. Supply of WITH UNFADING INK. PLAINLY,

WRITE

PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 237

3. (b) Social Security Number

00591

	PROPERTY AND A	CATE	~	-	A PWINT I
C P R		Δ P .	9 7 8 7	1 P P 1 A	A

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Maryland Frederick Monrovia (If nutside city pr town limits, write RURAL and give nearest town) (If rural, give LOCATION) None

3. (a) FULL NAME

F

1. PLACE OF DEATH:

How long in above place of death?..

How long in hospital or institution?...

Frederick

Hospital, institution, or street address where death occurred: Emergency Hospital

ELIZABETH SEWELL

(If outside city or town limits, write RURAL and give nearest town)

5. Color or race

Dennis Sewell 6.(6) Name of husband or affe

Frederick - Rural

..... (c) It alive, give age 7. Birth date of May - 1866 deceased (mo., day, yr.) Days If less than one day 8. AGE: Years

9. Birthplace Frederick County Maryland (Tnwa, county, and state)

10 Benal peconation.

79

11. Industry or business

Dennis Crampton

10

Frederick County Maryland 13. Rirthniace

Violet Snowden

Frederick County Maryland

Glenn S. Sewell

Ijamsville. Marvland Address

Burial Date thereof (mnnth) (day) (year) Simpsons Chapel Cemetery New Market, Maryland

M. R. Etchison and Son

18. Funeral director... Frederick, Maryland Address

MEDICAL CERTIFICATION

None

January 24th, 19 46 at 10:45Pm

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 46 10 Jan. 24

Immediate cause of death

(Include pregnancy within 3 months of death)

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: 11 death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Where did injury occur?(City or town)

Injured at home, farm, lodustry, public place (where?)

Means of Injury

Frederick, Maryland Date signed 1-26-46

MARTIAND STATE DEPARTMENT OF MUNITH

IAN 29 1946
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VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore /3.4

CERTIFICATE OF DEATH

	0	13	5	9	6	CY	
Reg.	Dist	. N	о.,		2		

1. PLACE OF DEATH: County Frederick City or town State Sana torium, Maryland (If outside city or town limits, write EURAL and give nearest town) How long in above place of death? Since 7/23/45 Hospital, institution, or street address where death occurred: Maryland Tuberculosis Sana torium How long in hospital or institution? Since 7/23/45 3. (a) FULL NAME Harry Shel ton	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Maryland County Montgomery City or town. Silver Springs (If outside city or town limits, write RURAL and give nearest town) 707 Sligo (If rural, give LOCATION) 2.(a) If veteran, name war. 3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Male Widower	MEDICAL CERTIFICATION 20, DATE OF DEATH Jan uary 14 19 46 st 8:55Pm
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 23 19.45 19.46 and that I last saw h imalive on January 14 19.46
8. AGE: Years Months Days If less than one day 61 5 11 hrsmin.	Pulmonary Tuberculosis 3 Yrs.
9. Birthplace Ken tucky 10. Usual occupation Elevator Operator 11. Industry or business 12. Name Samuel Shel ton 13. Birthplace Ken tucky	Due to
14. Maiden name Lola Shelton 15. Birthplace Kentucky 16. Informant Bernice Morse	(Include pregnancy within 3 months of death) Major findings of operations. Date of op.
Address 707 Sligo, Silver Springs, Md. 17 Complex or grematory. To the street for the street fo	PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
18. Funeral director. Warner H. Pumphrey Address 8434 Ga. Ave., Silver Springs, Md. 19. (Date rec'd by/registrar) Registrar	Means of Injury Injured at work? 23. SIGNATURE M. D. M. D

JAN 16 1946 BURFAT

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

		145
Reg.	Diat.	No. 145

1. PLACE OF DEATH: Fredrick	2. USUAL RESIDENCE (HOME) OF DECEASED:
County Mesers ville	Stato Maryland County I rederet
City or town (If outside city or town limits, write NOWAL and give nearest town)	City or town (If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Hospital, Institution, or street address where death occurred:	(If outside city or town limits, write RURAL and give nearest town)
nospites, matitution, or attest energes where death occurres.	Sireet No
How long in hospital or institution?	2.(a) If veleran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Laura Catherine	Shepley 1
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MOEDICAL CERTIFICATION
Temple Water married	20. DATE OF DEATH American 6 19 Ab at A F. M
6.(b) Name of husband or wife John O. Shebley	21. I CERTIFY that death occurred on the date above stoed; that I attended deceased from
	200 1845 10 Jan 6 1946
7. Birth date of	and that I last sawle 4 alive on
deceased (mo., day, yr.) 8. AGE: Years Months Days Iffess than one day	Immediate cause of death
7 9 13 7 hrs. min.	
2/ 2/ 1 1/2 2/	Cerebral Heminhage 3 days
9. Birthpiaco Tarman Telleriel Co. Mil.	Due to
10. Usual occupation A Retired	
11. Industry or business Domeské	Duo to.
MI AD	(IN YENE) CONTRACTOR
E 12. Name	Other conditions
	(Include pregnancy within 3 months of death)
14. Maiden name Alegan Bowles 15. Birthplace Many and	Major findings of operations
15. Birthplace Maryland	Date of op.
16, informant John Ol & hepley	Antopsy results
Address Mesersville Made	PHYSICIAN: Please underline the cause to which death should be charged statistically.
196. 11	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal Which?) Date thereof (month) (day) (year)	Accident, sulcide, or homicide
Cemetery or crematory. It will willow	Where did injury occur? (City or town) (County) (State)
Location Mayorasilla Mel	tnjured at hopfe, farm, Industry, public place (where?)
1 The Bises of Day	Mesns of Injury tnjured at work?
18. Funeral director	1 2 / / h.
Address // Myoronly, Mid.	23. SIGNATURE 2 Harfo / Mu
19. Jan & Jay 19. 46 Didgy Better	M. D. or other
(Onte rec'd by registrar) Registrar	Address Date signed



MARYLAND STATE DEPARTMENT OF HEALTH

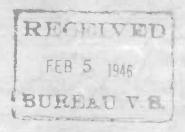
2411 N. Charles St., Baltimore 13-6

CERTIFICATE OF DEATH

Reg. Dist. No. 139

1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
Elsie May Shockley	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced Female White Married	MEDICAL CERTIFICATION 20. DATE OF DEATH. January 25
6.(6) Name of husband years. Linwood Shockley 6.(c) If alive, give age. 34 years 7. Birth date of deceased (mo. day, yr.) 1/17/1913	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from January 23 19 46 to Jan 25 19 46 and that I last saw h. ex. alive on January 25 19 46
8. AGE: Years Months Days If less than one day 33 O 8 hrsmin.	Immediate cause of death DURATION About 2 yrs.
9. 8irthplace Dames Querter, Somerset Co., Md. (Town, county, and state) 10. Usual occupation Housewife 11. Industry or business	Due to
12. Name Walter Smelling 13. Birthplace Maryland	Diher conditions
14. Malden name Mollie Messick 15. Birthplace Maryland	Major findings of operations. Date of op.
16. Informant Deceased	Autopsy results
17. Cemetery or crematory Country of Country	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
18. Funeral director. M. L. Creager & Son Address Thurmont, Mary Land 19. (Date fee'd by registrar) Registrar	23. SIGNATURE M. D. OKOCIOEX Address State Sana to ri um, Md. Date signed 1/26/46

REFERENCE D



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (1/5-0)

CERTIFICATE OF DEATH

06597 Reg. Dist. No. 131

1. PLACE OF DE	ATH:		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
4.60	ederick		State Maryland County Frederick
City or town. (If o	outside city or town lin	nits, write RURAL and give nearest town)	I Prederick
New long in above place	of death?	T Q	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or	streef address where d	eath occurred:	Street No. 308 West Patrick Street
	ck City H		(If rnral, give LOCATION)
How long in hospital or	Institution?	Hour	2.(a) If veteran, name war. World War II
3. (a) FULL NAMI	E		3. (b) Social Security Number
	THOMAS	RAYMOND STEELE	
4. Sex	5. Color or race	6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
M	W	M	20. DATE OF DEATH January 30, 1946 at 1:40P M
C (b) Name of hundred	Doroth	y V. Brandenburg	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from
6.(0) Hame or measure	Ur #116	22	Jan Q 1 t 19 46, 10 Jan BU 1 1466.
7. Birth date of	Trans O		and that I last saw hallve of19.45
deceased (mo., day, y	(r.) June 2	09 1910	Immediate Care of death DURATION
8. AGE: Years		Days If less than one day	Streptery mother 4
27	7 7	5min.	H-/m
9. Birthplace Fred		ederick-Maryland	Due to.
11. 12.		county, and atate)	the - Huy Sheam !
	Helper		Due to Comment to frame of
11. industry or busines	. С. F. Н	artman	which to frame, the lunge
	mond E.	Steele	Bither condition and to mystery
12. Name Ray	Frederick	County Maryland	SITE CONSTITUTE
14. Malden name.	Elsie B	eal1	(Include pregnancy within 3 months of death)
		County Maryland	Major findings of operations
	. William	m J. Fogle	Autopsy results.
100		ck St., Frederick.Me	DIVERGIAN. Discovery Laborator which doubt should be changed statistically
Dannie 7	1		22. VIOLENCE: If death was due to external causes, fill in the following:
Burial (Burial)	or removal. Which?)	Date thereof. 2/2/46 (month) (day) (year)	Accident, suicide, or homicide
Cemetery or -eremete	Traint	Olivet Cemetery	Where did injury occur?
Location	Freder	ick, Maryland	Injured at home, farm, industry, public place (where?)
18. Funeral director	M. R.	Etchison and Son	Means of Injury tnjured af work?
Address		ick, Maryland	Jet Nedra M. D.
1-400-		D: 1 An la 1 . 02	23. SIGNATURE M. D. or other
(Date rec'd by re	gistrar)	Registrar	Address Frederick, Maryland Date signed 1-31-46

FEB 2 1946 BUREAU S

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 107

00598

CERTIFICATE OF DEATH

1. PLACE OF DEATH: Frederick County near Harrisville				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Maryland State County County			
(If o	(If outside city or town limits, write RURAL and give nearest town)			near Harrisville			
How long in above place	of death?streel eddress where d			City or town	write RURAL and give nearest	town)	
***************************************			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(If rural, give l			
How long in hospital or	Institution?		***************************************	2.(a) If veteran, name war	***************************************	••••••	
3. (a) FULL NAMI		GL	ADYS E. TAYLOR	2	3. (b) Social Security Num	ber	
4. Se1	5. Color or race	6.(a)Single	, married, widowed, or divorced	MEDICAL CE	RTIFICATION		
Female	White	Sin	ngle			70	
				20. DATE OF DEATH Jan 1			
8.(b) Name of husband	or wife			21. I CERTIFY that death occurred on the date above	CHILLY MAN STATE OF THE STATE O		
7. Birth date of		8.(c) It alive, give ageyears	avad 19	/ - 10	19	
7. Birth date of deceased (mo., day, y	Jur	ne 6	, 1945	and that I last saw h	fan 1	1954.6	
8. AGE: Years		Days	It less than one day	Immediate cause of death		DURATION	
	7	4	hrsmin.	Crumber	G.		
Ba	ltimore (Co. Ma	arvland	7/2-2	0 1	dos.	
9. 8irthplace	(Town, e	onsty, and s	tate)		broncher Ceus	7	
	None	,	A STATE OF THE STA	Alwaten 2 one	Lore Ra	*******************	
				Due to	•••••		
11. Industry or business	Frank L	'I'av	Lor				
H		V. Va		Other conditions		•••••	
13. Birthplace	Heler			(Incinde pregnancy within 3 m.	onths of death)		
14. Malden name		***************************************	***************************************	Major findings of operations			
2 15. Birthplace		V. Va	•	and a second sec			
18. Informani Fr	ank L Ta	aylor		Autopsy results	and the state of t		
		iry.	Maryland .	PHYSICIAN: Please underline the cause to whi		ically.	
Address Buria	7			22. VIOLENCE: It death was due to external cause	es, till in the following:		
17. Burlal, cremation,		Date there	(month) (day) (year)	Accident, suicide, or homicide	Date of		
Cemetery or eromate	T	ingan		Where did injury occur?(City or town)			
Unio	nville, I	rede	rick Co. Md.			te)	
Location	11,1110, 1			Injured at home, farm, industry, public place (whe			
18. Funeral director		****************	. Waltz	Means of Injury	Danly wa	d	
Address		W	infield, Md.	23. SIGNATURE P. W Bou	For The State of t		
19. Jacques de la constante de	2 19 46	-6	Paris a. Rushle	7 0	M. D. or oth		
Wate ree'd by reg	ristrar)		Registrar	Address Fudural 14	Date signed	11.76	

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X	The correct age
•	INLY, WITH UNFADING INK. Supply every item of information carefully. The correct age
OR BINDING	every item of inf
MARGIN RESERVED FOR BINDING	NG INK. Supply
MARGI	WITH UNFADI
	INLY,

Evidence for addition of MARYLAND STATE DEPARTMENT OF HEALTH date of death is shown on 2411 N. Charles St., Baltimore 44.2 FILM No. I O O FEB 1 CERTIFICATE OF DEATH Reg. Diat. No ... 1. PLACE OF PEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) eity or town limits, write RURAL and give nearest to How long in above place of death?... Hospital, Institution, or street address where Beath occurred: (Mrural, give LOCATION) How long in hospital or institution?. 3. (a) FULL NAME 3. (b) Social Security Number MEDICAL CERTIFICATION 2D. DATE OF DEATH January 19, 19 46 21 6:25A m 21. I CERTIEF that death occurred on the date above stated; that hattended deceased from .6.(c) If alive, give age ...43 7. 9irth date of deceased (mo., day, yr.) 8. AGE: If less than one day 9. Birthplace. (Town, county, and state) 1D. Usuai occupation... 11. Industry or business 12. Name..... 13. Birtholace 14. Maiden nar 15. Birthplace (Include pregnancy within 3 months of death) 14. Malden name... PHYSICIAN: Please nuderline the cause to which death should be charged statistically, 22. VIOLENCE: If death was due to external causes, fill in the following: 9au 19, 1446 (month) (day) (year) Accident, suicide, or homicide..... Where did injury occur?(City or town) (County) Injured at home, farm, Industry, public place (where?) Means of Injury Injured at work? 23. SIGNATURE.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 51.6)

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D	Dist	NI_	1	0	\perp	

			CERTIFICA	LE OF DEF	AIII	Reg. Dist. No	.01
1. PLACE OF DEA					ENCE (HOME) OF infants give residence of r		
	derick-R	ural	PT	State Maryland County Frederick			pr
(If or	utside city or town li	mits, write I	tURAL and give nearest town)	Fr.	ederick-Ru:	ral R.F.D.	5
				(If	outside city or town limits	, write RURAL and give n	earest town)
Hospital, Institution, or	street address where Cy Hospi		1:	Street No. Nea:			,
		6	Months		(If rural, give None	LOCATION)	
How long in hospital or				2.(a) If veteran, name	e war		
3. (a) FULL NAME		RLES	HENRY TOBERY			3. (b) Social Security None	/ Number
4. Sex	5. Color or race	6.(a)Singl	e, merried, widowed, or divorced		MEDICAL CE	ERTIFICATION	
M	W		W	20. DATE OF DEATH	January	30, 1946	12:40/
6.(b) Name of husband	or wife Annie	Mari	a Layman			ve stated; that I attended dec	
						46 to Jan. =	
7. Birth date of	Monch			and that I tast saw h	i.M. alive on Jan	20	
deceased (mo., day, your 8. AGE: Years		Days	If less than one day				
79	9	26	hrs. min.	Carcino	matosis	long bones,	1 gear
10		1	1	rungsi	andominal	nodek :	24828
9. Birthplace. Pea	rrreue	county, and	Mary Land	Due to Carc	igoma P	ostate	2
1D. Usuat occupation				***************************************			
				Oue to			
11. Industry or business	3 7 7 3 am T	mak	a sa sa sa	***************************************			
12. Name	TITIEM H	• TOL	ery ity Maryland	Other conditions			***************************************
🔀 13. Birthplace 💾	'rederick	Cour	ity Maryland		inde pregnancy within 3 m	outher of durth)	
14. Maiden name	Hester	Ann F	easley				
OF 15 Birthnians F	rederick	Cour	tv Maryland		erations		
16. Informant	Edward T	ohenn	easley ty Maryland			Bate of op	
16. Intormant			***************************************			ich death should be charge	
Address R.	F. D. #5	, Fre	derick, Md.				
17. Burial		Date ther	eof 2/1/46		eath was due to external caus		
(Burial, cremation,	or removal. Which	Г	(month) (day) (year)			Oate of	
Cemetery or eremator	rrederi	CK NE	morial Park	Where did injury occu	(City or town)	(County)	(State)
Location	Frederi	ck, l	laryland	Injured at home, farm	, industry, public place (wh	ere?)	
18. Funeral director	TT. R. F	tchis	on and Son	Means of Injury		Injured at work?	
	Frederi	ole N	arvland		2 1	V.	3 F. F.
		0	l A A D	23. SIGNATURE.	Sernard /	Muna J. D. D.	M. D.
19.31-9au	19 4 6	13	ishell & Hule	Fred	erick Mon	yland Oate signed	7 - 37 - 46
(Date recoby reg	gistrar)		Registrar	Address.	or Long Hall	Oate signed	

FEB 2 1946

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 940

00601

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEA	ATH:			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
County Frederick City or the Frederick			**************************************	State Maryland County Frederick		
City or town. I I G	utside city or town lin	nits, write	RURAL and give nearest town)			
How long in above place	of death? 5	Year	S	City or term [If outside city or town limits, write RURAL and give nearest town]		
Hospital, Institution, or	street address where d	leath occurr	ed:	Street No. 162 B and O Avenue		
162 B a	nd O. Ave	AVONUO (If rurol, give LOCATION)				
How long in hospital or	institution?			2.(a) If veteran, name war		
3. (a) FULL NAME				3, (b) Social Security Number		
	MARY L.	WAT	SH	None		
4. Sex	5. Color or race	90 30 100	gie, married, widowed, or diverced	MEDICAL CERTIFICATION		
F	187		S			
T	1 14		D	20. DATE OF DEATH. January 1st, 19 46 , 21 9:45Am		
6.(b) Hame of husband	or wife		•••••••••••••••••••••••	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from		
		8	(c) If alive, give ageyears	Detotor 1944, to face 15 1946		
7. Birth date of	TT lm		9 7 M	and that I last saw her alive on Doconto 28 75 19 48		
deceased (mo., day, y	.,	Days	If less than one day	Immediate cause of death		
68	?		hrs. min.	Cardiae apoplety 15 to 20		
				Due to fin votisin, mentile		
9. Birthplace	Unknown	nonty nn	state)	Due to arterio Selevosis		
	(20.12)					
10. Usual occupation		1	•••••••••••••••••••••••••••••••••••••••	Due to		
11. Industry or business						
12. Hame Mic	chael Wal	sh	***************************************	Other conditions. The Per Courters		
	Unknow	m		//		
E	Unknown			(Include pregnancy within 3 months of death)		
14. Malden name		nkno		Msjor findings of operations.		
			VV11	Date of op.		
16. Informant HOV	vard Murp	hy		Autopsy results		
Address R. F.	D. #1.	Fred	erick, Maryland	PHYSICIAN: Please underline the cause to which death should be charged statisticsly,		
			- /- / -	22. VIOLENCE: If death was due to external causes, fill in the following;		
17 Buria.	or somoval. Which?)	_ Dafe the	reof. 1/3/46 (month) (day) (year)	Accident, suicide, or homicide		
Cometery or cromation	- St. Jo	hns	Cemetery	Where did injury occur?		
- Commercial Commercial	Freder	ick.	Maryland			
Location	35 5	T 1		Injured at home, farm, industry, public place (where?)		
18. Funeral director	M. R.	Etch	ison and Son	Means of Injury Injured at work?		
Address	Freder	ick,	Maryland	Us Glaume Sr. M. D.		
0		d	" N AA 1 1 0	23. SIGNATURE M. D. or other		
19. 2 Come (Date reg'd by reg	19.4.6		makelle J. Heck. Registrar	Address Frederick, Maryland Date signed 1-2-46		



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V.	ADVI	ANID	CTATE	DEPARTMENT	OF	THE AT THE
¥1.	AKII.	. A NII	SIAIR	DEPARTMENT	UP	MPALIF

Bureau of Vital Statistics, Baltimore (159)

Reg. Dist. No.

CERTIFICATE OF DEATH

1. PLACE OF DEATH: Frederick	2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) County (b) City or ten Indexick	(a) State Ind. (b) County Frederick
(II outside city or town limits, write KUKAL and give town)	(c) Gity or town middletown
(c) Street address, hospital, or institution: 1 reflerick City Hospital	(If outside city or town limits, write RURAL and give town)
	(d) Street No.
(d) Length of stay by hospital or hast. (yrs., most or days)	(If rural give location)
(e) Length of stay in this community (yrs., mos., or days)	(e) If foreign born, how long in U. S. A.?years
3 (a) FULL NAME Infant Girl Wile	s e e e e e e e e e e e e e e e e e e e
3 (b) If veteran, name war 3 (c) Social Security	MEDICAL CERTIFICATION
none No. none	20. Date of death 12 1944, at 2 30 M
4. Sex 5. Color or race 6 (a) Single, married, widowed, or	21. 1 certify that death occurred on the date above stated; that I attend-
F divorced.	ed deceased from flin/2 1944, to fant 1944,
6 (b) Name of husband or wife	and that I last saw him alive on fan 12 1941.
6. (c) If alive, give age years	Immediate cause of death Duration
7. Birth date of deceased (mo., day, yr.) 1-12-1946	Premative Tmenth
8. AGE: Years Months Days If less than one day	Due to
7/2/hrs, min.	Due to legekantier
9. Birthplace Frederick Ca. md.	Due to
(Town, county, and state)	Other conditions
10. Usual occupation	PHYSICIAN
11. Industry or business	(Include pregnancy within 3 months of death) Major findings: Underline the
12. Name It m. R. miss	Of operations cause to which
13. Birthplace I rederick Co. md.	Of autopay death should be charged statisti-
14. Maiden Name Brenedetta Wills 15. Birthplace Frederick Co. Ind.	Of autopsycally.
\$ 15. Birthplace Frederick Co. Ind.	22. If death was due to external causes, fill in the following:
16 (a) Informant Wn. R. Miss	(a) Accident, suicide, or homicide
(b) Address Braddonk, Heights Ind	(b) Date of occurrence
17 (a) Burial (b) Date thereof 1-14-1946 (Burial, cremation, or removal) 214 (Clarical (month) (day) (year)	(c) Where did injury occur? (City or town) (County) (State)
(Burial, cremation, or removal) (month) (day) (year)	(d) Did injury occur about home, on farm, industrial place, in public
(c) Cemetery or orematory	place?While at work?
Location Frederick-ned,	(Specify type of place)
18 (a) Funeral director C. E. Cline + Lon	
(b) Address Justinia md.	23. Signature A Laurence Faliny 200
19 (a) 14 - Yan - 1446 (b) Ely abelly 3. Hecks. Registrar	Address Frederich Mcl Date signed 1-12-46

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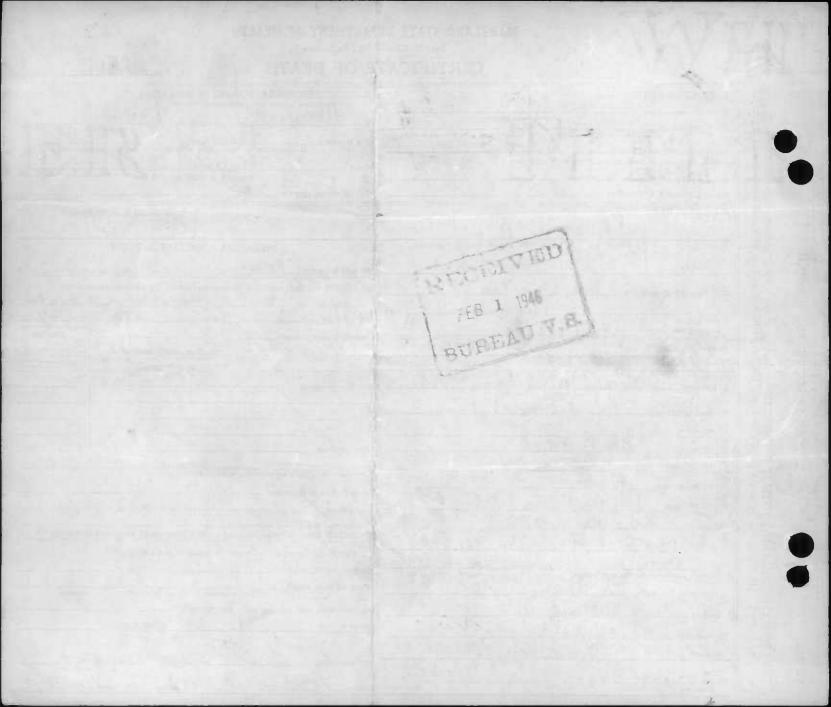
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 83-04

CERTIFICATE OF DEATH

* Reg. Dist. No. 1183 |

1. PLACE OF DEATH: - Valence	2. USUAL RESIDENCE (HOME) OF DECEASED:
County	Morris Variable Tradolistics
(If outside city or town limits, write RURAL and give nearest town)	State County County
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	10 (0.744)
10 Center Street	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Charles C. Wiles	Now
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male White Married	20. DATE OF DEATH Jan. 23 18.46 at 40 mm
4 0 5 1	20. DATE OF DEATH
6.(6) Name of heatenst or wife Mrs & telle Mac Wiles	21. I CERTIFY that death occurred on the date above stated; that attended deceased from
6.(c) If allve, give age	Jan 2 1946, to Jan 23 19 46
7. Birth date of	and that I last saw harmon alive on January (252 1946.
deceased (mo., day, yr.) \$ 400. [5, [87]	Immediate cause of death
8. AGE: Years Months Days If less than one day	Cerebral hemman 3 House
75 4 9hrsmin.	
a Richard Middletown Frederick / British Mil.	
9. Birthplace	Due 10
10. Usual occupation Return Fargury	***************************************
II. Valle Va	Due to
11. Industry or business	
12. Name Deo Professor	Dither conditions
Z 13. Birthplace Middletaww, Mal	(Include pregnancy within 3 months of death)
14. Maiden name Nactor Cline	(Include pregnancy within 3 months of death)
14. Maiden name Nestow Cline? 15. Birthplace Meddletrum Med	Major findings of operations.
	Date of op.
15. Interment Mrs. & tille Mac Viles	Antopsy results
Address (O Centry) St. Fredericks may	PHYSICIAN: Please underline the cause to which death should be charged statistically.
0 00 10:15	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremetion, or remove) White (month) (day) (year)	Accident, suicide, or homicide
La settada / Calaboral	Where did injury occur?
m'in 1 mar	
Location Multitate //100	Injured at home, farm, Industry, public place (where?)
18. Funeral director. Gladull Co.	Means of Injury Injured at work?
1 milation of solds	000
Address // loldsturvivi // July	23. SIGNATURE. SOUTH
25- Jahr 16 Elizabeth & Hech	M. D. or other
(Date rec'd by registrar)	Address Traderick MA Date signed 2571-6



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1	NO I	rtant
)	PLEASE-WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully	is especially important. Physicians: please write the causes of death clearly and
	LY,	ially
	AIN	espec
)	E PI	2
-	'RIT	1
-	THE PARTY	
-	EAS	
	P	

is shown		17.13	2411 N. Char	EPARTMENT OF HEALTH les St., Baltimore	Reg.	()()604 Dist. No. 131
How long in above p Hospital, Institution Freder	Trederick (If outside city or town its place of death?	death occurred Hospi		2. USUAL RESIDENCE (HOME) OF (For newborn Infants give residence of me state Maryland Country of the City or Leave (If ontside city or town limits, 100 East Thir (If rural, give I None	DECEASED OUT OF THE PURE NUMBER OF THE PURE NUMBER OF THE PURE NUMBER OUT OUT OF THE PURE NUMBER OUT	D: ederick
3. (a) FULL NA		OTTNO	ON ZACHARIAS		3. (b) So	cial Security Number
4. Sex	5. Color or race		married, widowed, or dispress	MEDICAL CE		ne
M	W		M	20, DATE OF DEATH. January		
9. Birthplace NT to. Usual occupati	ay,yr.) March ears Months 78 10 78 Retired (liness John Zachan	Days 13 arg-Freedomby, and architecture	If less than one day	Due to Other cooditions Vuus / 11 2	carel goea Lwil	DURATION G Zus LOGE L
	Frederick frs. Tempie	Cour		(Include pregnancy within 3 me Major findings of operations. Antopsy results	02	ite of op.
17 Burial, oregonal Cemetery or cree Location	.al Mount Freder	Date there Olive Cick, Etchi	rederick, Md. 1/26/46 (month) (day) (year) t Cemetery Maryland son and Son Maryland Registrar	22. VIOLENCE: If death was due to external cause Accident, suicide, or homicide	(Copre?)	following; Date of

THE PERSON NAMED AS A PARTY OF THE PERSON NAMED IN COLUMN TWO IN COLUMN TO A PARTY OF THE PERSON NAMED IN COLUMN TO A P

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

00605 Reg. Dist. No. 154

CERTIFICATE OF DEATH

1. PLACE OF DE	ATH:		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County, Frederick			State Maryland County Frederick
City or town it shire. (If outside city or town limits, write RURAL and give nearest town)			
How tong in above place of death? 5 TOARS			City or town [1f outside city or town limits, write RURAL and give nearest town]
Hospital, Institution, or street address where death occurred:			Street No.
			(if rural, give LOCATION)
How long in hospital or	Institution?		2.(a) If veleran, name war
3. (a) FULL NAM	E		3. (b) Social Security Number
	~	m)	
4. Ser	5. Color or race	Thomas 7.11r soble [6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male	White	Widowed	20. DATE DE DEATH. 12 19 46 at 6 7 N
6.(b) Name of husband or wife Virginia G. (Linge)			21. I CERTIFY that death occurred on the date above stated; that Latended deceased from
			1938 H 10 / Hau // 1976
7. Birth date of			and that I last saw h. Co. allye on Area /// 1946.
deceased (mo., day, yr.) September 27, 1876			Immediate cause of death
8. AGE: Years	Months	Days ti less than one day	Corelise heworrhoge 3 days
69	3	14 hrs.	min.
9. Birthplace Frederick Co. Maryland			Bue to Ag hertensure arterial
9. Birthplace			MINORAL, Several 4011
10. Usual occupation Figurage			
11. Industry or business			Due to
			Dther conditions
			(Include pregnancy within 8 months of death)
14. Maiden name.	Rebecca	Broin	Major findings of operations
14. Maiden name 15. Birthptace	Frederic	k Co. Maryland	Bate of op.
17	/	20 11	
16. Informant			PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Finit	nitsburg,	Q:a.//	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal, Which?) Bate thereof. Jan. 15, 1946 (month) (day) (year)			Accident, suicide, or homicide
			r) Accident, Suicide, of nontrice
Cemetery or crematory St. Joseph's Cemetery			Where did injury occur?
Location	nmitshura	, Nd.	Injured at bome, farm, industry, public place (where?)
	8 8	ablican	Means of injury Injured at work?
18. Fuoeral director			1000-00
Address	Ermitstur	E, A. SAA	20 SIGNATURE WYT. Cerdle UN
· for	13 41	TIM For XX	23. SIGNATURE
Date rec'd by re			gitrar Address Delecetities Date signed -12-40

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